

## A CONSTRUCTIVE APPROACH TO THE PROBLEMS OF CHILDHOOD AND ADOLESCENCE

(A Survey of Studies from the Children's and Adolescents'  
Ward in Bellevue Psychiatric Hospital, New York City.)\*

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### PART I.

In the course of a lengthy and extensive scientific program, the workers in Bellevue Psychiatric Hospital have acquired a general point of looking at problems of children and adolescents which might be of sufficient interest to others to be discussed in some detail.

The approach to childhood problems is a definite dynamic and constructive one. The child is seen as a growing organism with definite problems of maturation, as has been particularly emphasized in American literature by Gesell. Great stress, however, should be placed on living situations and emotional problems of childhood life, as these are continually modifying the developmental process. The development of the child is seen in accordance with the general principles of psychoanalysis as an emotional interdependence between the parents, the surroundings of the child and the child himself. Furthermore, human beings are considered as having social connections in general and, therefore, we place particular emphasis on the psychology of the group and we use group therapy, not only in theoretical situations, but also in the practical carrying out of treatment.

Thus one observes that the development of the child is not seen merely as a maturation process, but also as a continuous process of social experimentation by which, after trial and error, final construction is reached. This final construction is dependent upon basic principles of psycho-physiological organization which, in the form of configurations and gestalten, determine the beginning, the continuation and the end of the experimental process.

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We shall discuss our techniques, results and conclusions under the following five headings:

1. General Connotations
2. Organic Problems
3. Emotional Problems
4. Problems of the Group
5. Therapy

#### I. GENERAL CONNOTATIONS

##### a. Symbolism

In "The Child and the Symbol" one of us<sup>(1)</sup> has written: "The child approaches the world in a continuous process of constructive experimentation which is determined by the maturation level and by individual factors of psychological development. One has not the right to call these products of experimentation symbols even when the approach to reality remains incomplete. These processes of experimentation come out in children's drawings, in the formation of concepts and in the language products of children. Symbols and symbol-like pictures are signs which point to an unclearly seen referent. The incompleteness of the symbol-like picture has to be revealed by specific methods. Symbols and symbol-like pictures appear where the experimentation process belonging to a specific maturation level is prevented by danger and threat. Symbols are, therefore, danger signals concerning the adaptation of the child to the world. its primary aim, however, is to go to the reality as such and, in the literature of children and in puppet shows, the use of symbolic material is only justified when the immediate approach to reality would be too difficult. However, the symbol should not be a purpose in itself but a step towards the final mastery of reality according to the maturation level."

This ties up with the general tendencies in modern education not to make unlimited use of symbolism and fairy tales, but, instead to help the child to adapt himself to the everyday life surroundings in which he lives. From a similar viewpoint, the usefulness of Lewis Carroll's "Alice in Wonderland" as literature for children has been seriously doubted<sup>(2)</sup>.

Symbolism is, therefore, only a passing phase in the adaptation process of thinking in the child. This process could be particularly well

studied in connection with the attitude of children towards death and their concept of death.

#### b. Attitude Toward Death

Schilder and Wechsler<sup>(3)</sup> made an investigation of the opinion of children toward death. They examined seventy-six children between the ages of five and fifteen; the group consisted of normal children, behavior problems, hyperkinetic children and mental defectives. The method of examination consisted of clinical examinations, play methods, questionnaires and picture tests. Children's connotation of death consists primarily of the idea of deprivation, that the dead cannot move. Death does not appear as a natural end of life but is considered as occurring through some act of violence, particularly through some act of dismembering; it is the result of hostility of others. The children's ideas and attitudes toward death are inevitably connected with sadistic tendencies. The sadistic attitudes of children are closely related to the primitiveness of their motor impulses and the degree of hyperactivity.

It is difficult for the child to correlate the conventional religious ideas with his own experiences. The connotations and judgments derived from adults are taken by the child as a part of his immediate reality. The child is merely interested in reality. In general, the child finds it hard to incorporate conventional, metaphysical, and religious conceptions into the bulk of his experiences; and he only succeeds in doing so when he decides to accept the conventions without analysis, however contradictory to experience they may be.

#### c. Attitude of Children Toward Their Bodies

In a somewhat similar study, Schilder and Wechsler<sup>(4)</sup> studied forty children to learn what they thought about the interior of their bodies. Many workers have considered the experiences of one's body as mechanical summing up of single experience.. This point of view, in our opinion, is no longer justified as the experiences of one's body is built up by continuous experimentation and interchange with other human beings and forms a specific experience, that is the "body image"<sup>(5)</sup>.

The image of the human body means the picture of our own body which we form in our mind, that is to say the way in which the body appears to ourselves. There are sensations which are given to us. We see parts of the body surface. We have tactile, thermal, pain impressions. There are sensations which come from the muscles and their sheaths,

indicating the deformity of the muscles; sensations coming from the innervation of the muscles, and sensations coming from the viscera. Beyond that there is a unity of the body. This unity is perceived, yet it is more than a perception. We call it a schema of our bodies or bodily schema, or, following Head, who emphasizes the importance of the knowledge of the body, postural model of the body. The body schema is the tri-dimensional image everybody has about himself. The term "body image" seems to be the most appropriate one at the present time.

It is interesting to study this problem in children and it is of particular importance to learn what children know of the inside of their bodies. The children ranged in ages from four to thirteen, the majority having a mental age of ten years.

In reply to the question--"What is the inside of your body made of?"--the typical answer was that it contained food recently eaten. This indicates the concrete nature of the child's thinking. Two of the children said that they were under their skins and inside their bodies. Now it is one of the paradoxes of our bodily experience that our sensations relate to the surface of the body and yet we do not regard this as our body proper. In German and English alike, there are phrases which suggest that we can strip off our skins, *i.e.*, "jump out of our skins." It seems, then, that sometimes we think of our skin as our most intimate possession (to "save one's skin," *i.e.*, "life") while sometimes it is merely the envelope of our true self and what is inside us. However, in the deep infantile strata of our minds, we are not perfectly certain whether there is anything inside us except what is crammed into us from the outside, *i.e.*, food.

#### d. Aggressiveness

It should be stressed that the child is not merely aggressive but that he has a genuine and lively interest in the well being and existence of those around him.

Bender and Schilder<sup>(6)</sup> made an investigation into the psychology of aggressiveness in children, based upon the clinical observations of eighty-three children between the ages of three and fifteen. The problem of physical aggressiveness was studied. They considered violence to be any act which damaged the body of another person or distorted the body image by pain or discomfort. The children were not only observed clinically, but were subjected to a definite play situation, to a series of pictures depicting aggressive situations and to a questionnaire on aggression.



Quotations from the summary of this work follows:

"Aggressiveness finds expression more directly in younger children, in actions as well as in play, in words and in the description of pictures. Young children seek immediate satisfaction and are in immediate fear of punishment and retaliation. The narrowness of their world does not allow the coordination of a great number of facts. Good and bad in the adult sense is more or less an arbitrary decision of the adult. Deprivation of love or food increases the aggressive tendencies of children.

"In all the children, there gradually emerges the idea of right and wrong, dependent on immediate advantages and disadvantages. The youngest age group express their aggressiveness freely, verbally and in play, but the older age groups are inclined to be inhibited, and often a play situation or other indirect method by which they can unconsciously express their aggressiveness in the idea of punishment of others for their sins is needed. Aggressiveness against a group is expressed more freely than aggressiveness against single individuals.

"There is a process of gradual organization of aggressive tendencies into a socially accepted concept in which the attitude of the surroundings is of paramount importance. The psychological situation of the child leads to the final crystallization of his aggressive attitudes.

"In the youngest children there are no discrepancies between their actual behavior and their answers to questions. In the older group, however, the verbal mortality is usually higher, while the aggressiveness finds expression in play and tends to become more or less unconscious and repressed.

"Aggressiveness has close relation to motor drives and to instincts in general. It undoubtedly has foundations in the organic structure, and its variations may be constitutional. Organic processes influence the general output of energy. The hyperkinetic child shows increased aggressiveness. The aggressiveness on an organic basis is mostly diffuse, whereas psychic trauma lead to an aggression in relation to specific situations."

## II. ORGANIC PROBLEMS

The above mentioned studies in aggressiveness clearly indicate that emotional factors and impulses are very dependent upon organic factors and especially on organic motor problems. Several papers dealing with this problem have been published<sup>(7 8 9)</sup>.

Hyperkinesis, or abnormally increased muscular movement, is seen in children suffering from chorea and athetosis and is often characterized by grasping and groping, taking and dropping of objects, clinging to other persons, pinching, pulling, tearing, breaking. Similar overactivity is seen in postencephalitic children due to lesions either of the stria-pallidal system or of substantia nigra<sup>(7)</sup>. Post-encephalitics often become criminals and there is a close connection between increased impulses and sadistic attitudes (this is also observed in epileptics). Hyperkinesis of the mouth is manifested by spitting and cursing.

Organic signs elicited in post-encephalitic children include: difficulty in convergence of eye muscles, convergence phenomena of arms (slight flexion of elbow which occurs when arms are outstretched and eyes are closed), and tendency to step backwards when the head is passively bent backwards.

Almost all infectious diseases of children may produce hyperkinesis with or without signs of mental deterioration. Disturbances of glands of internal secretion may produce mental changes in children. Exophthalmic goitre may change sex attitudes as well as motility, and may produce a hypomanic picture; myxedema may lead to lack of impulses. Tumors of the pineal gland may increase or cause precocious sexuality. Manic pictures may result from Wernicke lesions and depressions may occur in motor aphasia.

Mental pictures resembling Schizophrenia are seen in children on the basis of changed emotional reactions in inferior brains<sup>(8)</sup>. In cases of mental deficiency, four components may be present: (1) Intellectual inferiority and the consequent frequent use of word shells, undue generalizations, and insensitivity to contradictions; (2) there will be an unregulated emotional system which reacts in an inadequate way to every problem; (3) a symptom once created will not be corrected; (4) the primitive drives will come strongly into the foreground. Thus we see there is a great similarity between these pictures and those of Schizophrenia and one should be particularly careful about making the latter diagnosis in cases where the I.Q. is below 80.

Although the emotional problems of a child may have a similarity to manic pictures, it is our belief that Manic Depressive Psychoses in children occur only close to the time of puberty.

Bender<sup>(9)</sup> had described personality changes occurring in children following carbon monoxide poisoning, encephalitis, and head traumata. She described a boy of fourteen years who had encephalitis at nine months of age with continuous social maladjustment since then and also

with progressive neurological signs, including ocular strabismus and hyperkinesis. He had superior scores on standard intelligence tests but showed a marked discrepancy between his intellectual functions and his emotional life. He masturbated on the impulse, had marked motor restlessness, ran away frequently without motive or plan. His emotions were flat. He had no ambition, no sense of responsibility, no feeling of loyalty or remorse and no ability to form close attachments. Bender comments on the similarity of this clinical picture with that of the psychopath.

Bender further described three children who, following head injuries, developed acute excitement and no neurological signs; these children showed a type of behavior characterized as acute bad boy behavior, being unruly, disobedient, petulant, unable to control their impulses. These symptoms cleared up within a few weeks. She reports another head injury case in a boy of eight where the personality disorder persisted necessitating the boys commitment to a state hospital. She also described a boy of fourteen who was accidentally overcome by gas. At first he was in a delirious-like state, being noisy, restless, out of contact. Later he showed similar "bad boy behavior" as described in the three cases of acute head injury.

Blau<sup>(37)</sup> studied twenty-two children who had mental symptoms following head trauma. The patients had a continued period of unconsciousness, and bloody spinal fluids. Blau classifies and discusses the cases in groups, the conditions being designated as post-traumatic acute psychosis, post-traumatic chronic behavior disorder, post-traumatic epilepsy with secondary deterioration, and post-traumatic defect conditions and secondary intellectual deterioration, respectively.

The post-traumatic acute psychosis was observed in six children. The onset of this psychosis occurs immediately after the patient recovers consciousness, and the symptomatology consists of a demonstration of unrestrained instinctual, emotional and motor behavior, associated with an affect of fear and anxiety. Complete recovery occurs in a few weeks.

The post-traumatic chronic disorder was observed in twelve children and closely resembled the post-encephalitic behavior disorder. The syndrome is characterized by hyperkinetic, uninhibited, asocial behavior with an instinctual coloring. Delinquency was present in all these cases. The intelligence was within the normal range, as measured by the Stanford-Binet test. The general prognosis was poor, and many patients required prolonged treatment in state hospitals.

Post-traumatic epilepsy occurred in five children. The observation indicated that frequently it leads to behavior disorders and to ultimate intellectual and emotional deterioration such as that which occurs in other forms of epilepsy.

Mental deficiency is a rare sequela of head injury, although a form of secondary intellectual deterioration may occur as a result of lack of interest and attention and of easy fatigability.

Simple cerebral defect conditions, such as aphasia and intellectual loss, may occur in children as a result of head trauma. Blau suggests that the organic behavior disorder in children may be the result of a localized lesion of the prefrontal association area of the brain.

#### GESTALT STUDIES

In behavior problems as well as in normal children, the organic pattern formations have to be continually considered. From this point of view, studies on Gestalt perception are of particular importance. By letting subjects copy Wertheimer's Gestalt figures<sup>(10)</sup>, Bender has given a complete picture of the developmental processes of Gestalt formation<sup>(11)</sup>.

Gestalt Psychology, as it has been developed by the work of Wertheimer, Kohler and Koffa, has given a new impetus to psychology. It has given a new insight into the relation between the whole and its parts and has shown that perception cannot be understood as the summation of single sensations. It has stated that sensory fields are replete with qualities and properties which cannot be understood if one takes sensations as the units. The organism does not react to local stimuli by local events but reacts to constellations of stimuli by a total process which is the response of the whole organism to the total situation. Such a process regulates itself and distributes itself dynamically. Gestalt psychology has stressed the dynamic inner factor, the self-regulation in perception. Previous experience cannot explain the existence of segregated units in experience as the grouping of points and lines, for instance, in the configurations of stars. It furthermore cannot determine what will be in the foreground and what will be in the background of one's perceptual experience. This is determined by the total situation. Simple connotations like figure, hole, foreground, background, group, open, closed, circle, complete and incomplete, starting, beginning, end, good gestalt or bad gestalt gain a new significance. Children would not learn how to organize a visual field even after years of trial and error.

Organization gets its final meaning only in relation to concrete situations of life which adapt the patterns to the actions and experimentations of individuals. In the field of perception gestalt psychology has deepened our insight considerably and is a new definite proof for the validity of a dynamic psychology and complements the fundamental ideas of American Psychiatry.

The method which Bender has developed, namely, copying of gestalt forms, broadens immediately the field of observation. Her method does not merely answer the question what the individual perceives but also the question for what does the individual use his perception? Her method allows, therefore, a much more direct expression of the biological factors than the experiments in which the subjects merely describe their experiences. Psychological experimentation often artificially disrupts perception and motility. This is avoided here by the simple expedient that the individual draws what he perceives.

Bender's work approaches the fundamental problems of perception and action from a new angle. It shows the primitive forms of experience and the maturation process in the course of development. It shows the continuous interplay between motor and sensory factors. A new world of primitive perception opens up. It has even been possible to standardize the development of the visual motor gestalt function. Bender's investigations show, furthermore, the close relation of the development of optic form to visual imagination. It is of particular interest that the primitive forms of visual motor experience make their appearance also when the time of perception is shortened. One obtains the impression that every individual in almost every experience passes through the whole maturation process through which the individual developed during his childhood.

Gestalt psychology has often been used in psychopathology and valuable results have increased our insight into the psychopathology of perception. The results obtained in schizophrenia, manic depressive psychosis, aphasia and organic brain diseases are very significant when one compares them with the standardized lines of development. The clinical value of the test is very great; it may allow a differential diagnosis between organic deterioration, so-called functional mental disease and malingering. Bender does not forget that gestalt patterns are experiences of an individual who has problems and that the final configuration of experience is not merely a problem of perception but a problem of personality. This is particularly clear when one studies the gestalt function in neurotics.



Schilder<sup>(12)</sup> has studied the psychological implications of motor development in children and has reached certain conclusions. The child's motility has the function of maintaining the posture as the basis for subsequent action. The mouth, an organ with a fixed posture in the face, has specific functions. However, there is at least an earlier stage of development, reaching of the mouth for objects and rhythmical sequences of mouth movements. The child needs security in posture and freedom of action which brings it in relation to objects, and to the world. The tasks of posture and action are, of course, different in different states of development. Furthermore, the child does not want any passive movement to be imposed upon him and guards himself with resistance against postures imposed upon it. There are many apparatuses serving these fundamental functions of motility. Grasping, at first a function in the service of the maintenance of posture, later on serves for relation to objects. Pointing is derived from grasping. There is a muscular tension as expression of the resistance against imposed postures.

There is, furthermore, a psychic resistiveness in close relation to the muscular counter-tension. The motility which counteracts the tendency for safety is, in the beginning, dissociated and continuous (Choreoathetotic). At first symmetrical movements and primitive rhythmical movements (gait) prevail. Unilaterality and arrhythmicity follow. The further development of motility is guided by the contact with the world. However, the basic problems of equilibrium, posture, grasp, freedom of movement and efficiency of movement remain the basic problems. No child is merely satisfied with security. There is continually the urge to experimentation (continuous freedom of movement). The motility is dependent on impulses and the energy of impulses. The impulses may flow into the postural apparatus, in the grasping, in the free movement and in the resistance. The energy of impulses will be of fundamental importance not only in the approach to the world but also in the utilization of the apparatus of posture in the equilibrium.

Further problems originate from the tendency to imitation and from the tendency to persist in motor and psychic solutions once found. Every step of this development is in closest relation to the world around, and especially to the adult. Every step of this development is closely connected with emotional problems. The love of the mother (father) does not merely consist of stroking the child but also in protecting the equilibrium and posture of the child without impairing its freedom of motor expression, and without imposing postures on the child which it does not want. The emotional problems connected with motility blend



with the intrafamilial libidinous problems. The help the child needs is also a motor help.

Pathological cases show the mechanisms involved in a clearer way. We find in pathological cases general motor retardation sometimes combined with impulse disturbances. The lesions of specific apparatus in the brain which are concerned with specific phases of motility lead to specific psychological problems. The psychological attitudes of children with cerebellar lesions, striopallidar lesions, and pyramidal tract lesions are fundamentally different. In many pathological cases, the problems of motor retardation and the lesions of specific motor apparatus are combined, as for instance in some encephalitis cases and in hydrocephalus. It is an unsolved problem whether the hypotonia of the Mongolian idiocy does not offer specific problems. Children who are impaired in their motor development need the specific motor help which cannot be given if these fundamental problems are not understood. Also, children who do not have specific motor disturbances, have motor problems in no way less important than the so-called psychological problems in the narrower sense. It is very probable that unsolved motor problems concerning the security of equilibrium may be one of the factors in the later development of anxiety neuroses, and unsolved impulse problems in childhood may have a more or less outspoken connection with compulsive and obsession neuroses in later life.

The plays concerning posture which the child loves so much are often not handled in the right way by the adult. It is obviously correct to let the child experiment with any posture and action. It is justified to rock the child, to raise it in the air and then let it drop, provided that the danger situation does not become overwhelming to the child. It should learn that after experimentation and danger it can regain security with the help of others. It may finally learn to rely upon its own capacity of regaining postural security. It should never be brought into a panic of equilibrium or more generally into a motor panic. Furthermore, it should not be thrown into postural situations which it resists more than necessary. It should not have the feeling that motor restrictions are imposed upon it which are lasting.

It appears that the motor education of a child is a preliminary step in every education and carries with it important emotional and libidinous implications. We may suspect that mere knowledge on the part of the parents will not be sufficient in order to handle the problems of equilibrium in the child in a correct way. The parents will need besides

their motor equipment and their will to help the child in its motor expression and security, an emotional inner balance.

Equilibrium is not merely a motor and vestibular, but also a moral problem.

The normal development of postural reactions have been studied by Teicher. (Soon to be published in the *Journal of Nervous and Mental Diseases*.)

Both pattern formation and motility have important parts in the play of children<sup>(13)</sup>. The form of the organism and its motor possibilities determine the play of children. Rotation of the total body around its longitudinal axis and circular movements of outstretched limbs are of special importance. The motility adapts itself to the plane of which the play takes place. The play starts with the formation of foreground and background. The child undertakes a continuous experimentation concerning the geometrical qualities of lines, angles and clusters. In the three-dimensional game, the child is particularly interested in whether something can be put into something else. Further experimentation concerns gravitation, push, pull and momentum. The experimentation with space and mass (geometry and physics) is based upon the instinctive drives of children and, therefore, dependent upon their individual emotional problems. The definite form of the play is adaptable to the biological situation. Four principles reflect merely the general plan of psychophysiological organization.

### III. EMOTIONAL PROBLEMS

Bender<sup>(14)</sup> stresses the continual interplay between the emotional and the intellectual problems of the child and emphasizes that almost every activity of the child must be considered from both angles. The emotional life grows out of the family situation and reflects the psychosexual organization directly or in a symbolic way. Bender writes that four important principles have been contributed to the understanding of the emotional life of the child by the Freudian school. These are— (1) the theory of infantile sexuality; (2) the development of the super-ego in early childhood; (3) the development of the Oedipus complex in early childhood; (4) the psychoanalytical interpretation of the emotional symbols in the unconscious life of the child, which may be expressed by means of his play, his dreams, his drawings, *etc.*

The super-ego is built up in the child by its relationship to those who administer to its physical needs, family or parents, and especially in

the early stages to its mother. If the care is interrupted at too early an age the pattern becomes shattered and the child's personality and super-ego become arrested at the infantile level, and he may develop into what is known as a psychopathic personality in adult life. Many children are referred to the hospital who were foundlings who were not adopted early, children who were cared for in numerous institutions and boarding homes when they were small, or children whose homes were broken by death or sickness of the mother or who lost their mother for some reason during the infantile period.

Bender describes one such child, a girl of eleven, admitted to Bellevue because of marked antisocial behavior. When she was six months old, her mother had a temporary psychotic episode and was sent to a State Hospital. The child was then placed in several baby hospitals as a feeding problem and later in various boarding houses. In the various foster homes, she formed no attachments and became noisy, overactive, aggressive, destructive. She showed behavior similar to that seen in cases of children whose brain has been injured either at birth or early childhood by head injuries or encephalitis.

Bender also reports a case of a boy of eleven referred to the hospital because of his persistent running away from his mother and stepfather. He had a severe reading disability and had marked sibling rivalry. He had a stepfather whom he hated and he revealed this feeling through his paintings, clay models, dreams, *etc.* In this case the reading difficulty prevented an intellectual adaptation to the world and facilitated the emotional outbreaks.

#### b. Behavior Problems in Children of Psychotic or Criminal Parents

Later, Bender<sup>(15)</sup> studied sixty children who had either a psychotic or criminal parent with an institutional record. Evidence for constitutional factors or hereditary factors were present in a small number of the children. One child developed Schizophrenia almost concurrently with his mother. Behavior problems arose from the effects of the loss of the psychotic or criminal parent, the broken home, the unsuitable treatment of the child by the parents, or disturbances in parent-child relationships, especially when they occurred in the critical periods of the development of the personality. Mental and emotional retardation occurred in children confined with defective or schizophrenic parents, as the children were deprived of the normal environmental stimuli for growth, especially language development, in the early years. Psycho-

pathic behavior problems developed in children who had been deprived of the normal home life, of parent-child relationship, or where these were removed in the first five or six years, before the personality, including the super-ego had developed. Neurotic behavior problems arose in children who had been deprived in part, but not all, of the normal home life and parent-child relations, the children developing exaggerated feelings of inferiority, guilt, insecurity and anxiety. Conduct disturbances occurred in children forced to run away from an unfavorable home, such children usually participating in truancy and stealing. In general, there were more behavior problems in children of psychotic mothers than of psychotic fathers, the mother being more essential to the home life and personality development of the child. However, when the psychotic or criminal behavior of the father destroyed the integrity of the home, the children suffered through the secondary loss of the mother.

One group of boys showed a serious behavior disturbance as a result of psychosis in the male parent. These were the boys who developed distorted identification processes in connection with the father when the father developed and reacted to paranoid delusions, especially against the mother, in the early years of the boy's life when he would be normally identifying himself with the father and passing through the Oedipus stage. Boys in this group showed behavior patterns similar to the psychosis of the fathers with a severe ambivalent attitude toward the fathers, mothers and themselves, associated with marked emotional instability and serious behavior problems. Similar disturbances in personality may occur in a boy whose father shows criminal behavior and who is caught, imprisoned, or killed when the child is in the same age period above mentioned.

In general, the behavior problems in children become more serious in early puberty although the disorder in the parent may have occurred earlier in the life of the child.

In this study, Bender also studied children's concepts of mental illness and concludes: "Their attitude is very objective. In general, they believe it is due to violence, especially blows on the head, and they believe that it is characterized by unwarranted aggression against the child and by cursing."

### c. Suicidal Tendencies and Attempts

Schilder and Bender studied suicidal preoccupations and attempts

in children<sup>(16)</sup>, eighteen children under the age of thirteen being investigated. The most common suicidal wish and attempt was to jump out the window, seemingly the simplest way of escape, their being no conclusive proof that jumping out the window represents rebirth phantasies. The child reacts to an unbearable situation with an attempt to escape. In most cases these unbearable situations consist of the deprivation of love or are, at least, based upon such an assumption. The deprivation provokes aggressive tendencies which are primarily directed against those who deny love under the influence of feelings of guilt, these aggressive tendencies are turned against oneself. The aggressive tendencies may be increased by constitutional factors and identification with an aggressive parent or other aggressive members of the family and all the other factors which may increase aggressiveness. The suicidal attempt constitutes also a punishment against the surroundings and a method to get a greater amount of love. The suicidal death represents also a reunion with the love object in love and peace. These may be also be an identification with a dead love object. Suicides which follow disappointments in love in children are again attempts to regain the love object which in the deeper sense is always one of the parents.

#### d. Problems of Early Puberty

Curran, working with boys of twelve to sixteen who were patients on the Adolescent Ward in Bellevue Hospital, has studied the psychotherapeutic problems arising at the time of puberty<sup>(17) (18)</sup>. With the exception of the sexual problems, there are no specific problems of early adolescence. The same types of neurotic and conduct disorders seen in younger children are also present here, but certain problems are more clearly brought into prominence at puberty. Symptoms of shyness or over-assertiveness occur simultaneously with the rapid changes in voice and growth at puberty. Overt sex behavior including exhibitionism, open masturbation, manipulation of sex organs of others, homosexuality and heterosexual experiences occur frequently in association with puberty. In Children's and Wayward Minor Courts, the chief delinquency in girls is a sexual one, although the girl may technically be labeled as "wayward."

Curran describes in detail five adolescent boys, each with a different type of emotional problem seen frequently on the Adolescent Ward. One boy who was hyperkinetic from early childhood, and who had certain signs of organic brain disease (choreiform movements, nystagmus)



was aggressive and destructive for years. He was sent to Bellevue after he and another boy stole a gun, shot at moving targets, finally killing a girl who was riding on a street car. The boy was a passive homosexual, wore hair ribbons and asked boys to use him sexually. He was sent to a correctional institution, failed to adjust there, and later was committed to a state hospital. The organic features are undoubtedly of great significance in this case. A second adolescent, described in detail, was a sex delinquent. He was sent to the hospital because of threatening to kill his stepmother. He had marked phantasies concerning the size of genitals of adults and spent much of his time accumulating data regarding the size and weight of motion picture stars, both men and women. He said he cursed at women so that they would hit him and then he would go to a secluded spot and masturbate.

Because of his marked sexual preoccupation and his lack of inhibition with regard to sexual acts, we felt he might be an early Schizophrenic. However, he has adjusted well during the past two years in an institution caring for normal children.

Many early adolescents are referred to the hospital with diagnosis of Schizophrenia, because they are seclusive and express ideas of reference. The majority of such adolescents have not been psychotic, but instead what Schilder<sup>(19)</sup> describes as Social Neuroses. One such case is described in Curran's article. The boy was referred to us at the age of fifteen because of truancy and running away from home. His mother died when he was born and he was in an orphanage from infancy until the age of seven. When the father remarried, he lived with the father and step-mother for two years, until he was nine. Then the father and step-mother separated and he was again placed in an orphanage for one year. He lived with his father from age ten to eleven; the father was said to be brutal to him, beating him frequently. He was again placed in orphanages and then in foster homes and ran away from these also. He adjusted well in the hospital and has made a satisfactory adjustment at home since then. Schilder emphasizes that cases with social neuroses are often kept dependent and passive and they often have aggressive fathers; all these factors were present in this case.

The fourth case described in Curran's article is that of a Schizophrenic of sixteen, who failed to respond to metrazol therapy but who responded well to insulin treatment. The rarity of Schizophrenia in early adolescence is emphasized here, only ten cases being so diagnosed in approximately 1200 admissions.



True manic depressive psychoses were even more rare, there being only one such case admitted in thirty-three months of the ward's existence. The fifth case described was that of a hypochondriacal boy of fifteen. On the adolescent ward, clear cut cases of psychasthenia and hysteria are rare, but there were many cases with hypochondrical symptomatology.

e. Children and Adolescent Murderers

Bender and Curran<sup>(20)</sup> described six children or adolescents who killed each other and reported the cases of several other children who attempted to kill others, usually siblings or foster siblings.

In small children, overt expression of death wishes usually occur in phantasy, verbalization, play and social relationships and rarely finds expression in any real menacing behavior. However, it may become dangerously exaggerated by one of the following situations:

1. When the family rivalry situation becomes intensively severe due to some external factor.
2. When the rivalry situation occurs in a setting not normal to the child, as in a foster home where the positive emotional (love) responses are not strong enough to curb the aggressive tendencies.
3. Where organic factors make the child feel inferior and helpless and in need of greater love, of which he is deprived.
4. Where educational difficulties become insurmountable (*e.g. reading disability in children of good intelligence*).
5. Where the familial behavior pattern is one of severe aggressivity in parents and the child must protect himself from them with the only reaction pattern he knows.

From an analysis of the children who did kill others, it appears that the mechanism in children and adolescent murderers are different, and that the latter group appears to show the mechanism seen in adult aggressive criminals. In younger cases, the children are bewildered and show violent emotional reaction, whereas the adolescents accept the deed as final and make an attempt to accept the effect upon their own lives and give the superficial impression of not being emotionally affected.

Recently two more boys, age 15, not included in the original study, were sent to Bellevue after having killed others, one stabbing another boy in the heart with a knife while quarreling with him, the other stealing a car, and running over and killing a pedestrian. Both boys showed the emotional reaction similar to that of the other four adolescent murderers with little overt evidence of anxiety.

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(To be concluded)

## THE PSYCHOANALYTIC CONCEPT OF PERSONALITY DEVELOPMENT\*

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Psychiatrists vary in their approach to the difficult problem of criminality: some emphasize constitutional aspects in the criminal, others stress social and cultural factors and many others regard the determining cause of criminal tendencies as psychological. Each of these groups errs if it persists in viewing crime and criminals from one angle only. If one tries to explain criminal behavior as a result of the social and cultural environment, if another emphasizes the constitutional aspects and a third group the psychological, not one will succeed in throwing light on the whole problem but only one aspect of it. Crime is a complex phenomenon and the personality of the criminal is by no means homogeneous. I believe that the most informative and productive attitude is that which centers the investigation on the individual and examines all other possible causes in relationship to him.

Criminal behavior is the result of many factors, which begin to operate early in life and continue their influences later in development. Take for instance the social setting: conflicts with society begin early in life because in childhood society is represented by parents, members of the family, and school. In this period when the child is helpless and extremely sensitive to physical and demotional influences, conflicts easily arise.

All the factors previously mentioned may contribute to criminality. Naturally we must remember that not every individual within the same cultural environment reacts to the same influences in the same way. Why this is so you will be able to determine from the study of case histories which will be presented in this course. I repeat that not all persons growing up in the same social milieu will react in the same way.

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The *Journal* announces with much pleasure the publication of a series of lectures on the subject of "Psychiatric Aspects of Crime," given by several noted investigators in the field, at the Rand Educational Institute of New York, during the Spring Semester of 1940. The course was designed especially for judges, lawyers, and probation officers. The availability of the series to the *Journal* is due to the courtesy of Dr. Sandor Lorand. The introductory lecture by Dr. Lorand and the accompanying lecture by Dr. Paul Schilder appears in this issue of the *Journal*. Succeeding numbers will contain the remaining articles. The entire series is to be issued in booklet form at a later date.

That is why we feel justified in criticizing the law which regards all criminals from a fixed point of view. Individuals react in different ways because their emotional attitudes are not the same. These emotional attitudes are very often the result of strivings of which the individual himself is unaware.

I think it is in place here to digress a moment in order to investigate the terms which you will encounter in the succeeding lectures. The terms "conscious," "unconscious," "ego" and "super-ego" are frequently used but I believe their meaning is not quite fully appreciated. A description of the early development of the personality from the psychological point of view may help to clarify their meaning. Let us consider the infant when a month old. We must assume that from the earliest period the child forms a concept of the world around him and reacts to that world, as for instance to warmth, cold, food, wetness, *etc.* He has then a personality consisting of two parts: his own ego and that part which is formed by the impressions from the external world. Now consider this child at the age of six months. Let us call the nucleus of the personality (which includes constitution, inheritance, *etc.*) the "id"—which will later be the "unconscious." In contrast we will speak of the "ego" as that part of the infant's personality which reacts consciously to stimuli. This union of conscious and unconscious is surrounded by the external world, a special part of which begins to be of importance. This part consists of parents nurses, siblings, and others around him.

Now let us next view the child at the age of two years. The special sector of the external world comprising the parents, which played such an important role even at the age of six months, will now play an increasingly important part in the child's world. From now on he will be more and more pre-occupied with his parents. Their actions and reactions will determine his own reactions to them because he will have to comply with the demands of this particular external reality. The time has come when he not only receives things, but must also do things in order to receive. Little by little then, the part of the external world which represents parents has actually entered the personality of the child. This is an important occurrence for the child takes an external reality into his ego where it will remain, absorbed, so to speak, by his personality, and as the other lecturers call it, the conscience or critical

faculty. The child will know, "If I don't do this, I won't get that." He puts out his hand, it is slapped, back it goes. He will learn to comply in order to get things. He will be frustrated and will learn to get along with less dependence than in previous phases of development. However, frustration will create resentment so that he will hate as well as love. At the end of about the fifth year the child has his own finished personality, id, ego and super-ego, so that we may speak about him as already having what we call his own character.

Certain phases of the early developmental period have an important influence on the character of the child. These phases are spoken of as oral, anal, and genital to designate types of reaction at certain periods in the child's growth. In the earliest stage the child's major gratification is achieved through the mouth. It is significant because it is the first thing learned. The most important object at that early age is the mother's breast which serves as a bridge to the external world, in the formation of object relationships. Through sucking he learns for the first time to love but will also for the first time experience frustration. He will learn that the intake of food in addition to satisfying hunger causes stimulation of the mucuous membrane of the mouth and through it pleasure sensations. The pacifier and finger-sucking give "substitute gratification" and thus the physiological processes of sucking and eating are used for satisfying pleasure-seeking tendencies. The same thing is true of the child's anal functions. As time goes on and he learns to express his affection and resentments he will also use his body functions for that purpose. He will make use of eating to express his love or hatred, by taking or rejecting nourishment in compliance with or defiance of parent's desires, or, in the same way he will use sphincter control by cleanliness or soiling according to his feeling towards his parents. That is also why, as you may know, some children are more difficult than others to wean, more difficult to educate to cleanliness because they make use of those functions which are so closely connected with mother's care in order to maintain through them the earliest child-mother relationship. They simply do not want to be separated from the breast, they want mother's constant preoccupation with them. The attitude of the mother may help to strengthen attachments. She may be over-protective, constantly expressing affection and love and unable to impose frustration. Thus a permanent attachment may result. Since such a strong attachment must end some time, the child may rebel against giving it up. When forced to relinquish it he will perhaps develop

feelings of defiance which may be exhibited in his early attitude towards his parents and serve as a pattern for later asocial and criminal behavior.

In the early formative years when in both his eating habits and habits of cleanliness the child becomes more independent he becomes conscious of his genitals and aware of pleasurable sensations in touching them. If he becomes active in "playing with himself" he may provoke an upheaval of feelings: pleasure, fear and guilt, and the intensity of those feelings may also add to difficulties in later character formation.

The dividing lines between the three phases: oral anal and genital are not clearly defined. Not only do the phases overlap considerably but together they cover the same period known also as the Oedipus period. As you probably well know, the Oedipus conflict consists of the wish for the parent of the opposite sex along with the desire to displace the parent of the same sex. The Oedipus conflict means only that the little boy is attached to the mother; it does not necessarily mean that he wants to have sex relations with her, because the child's whole concept of sex relationship is very vague and certainly differs from the adult conception. The Oedipus conflict may mean that he thinks thus: "Father sleeps in mother's room and I have to sleep far away in another room, but when father is away I sleep with mother and I want him to stay away." And the little girl playing with dolls may want to be a little mother and as the dolls represent babies to her she may imagine her father as the father of the babies. Such relationships are very often encouraged by parents through pampering children too much, thereby encouraging their prolonged attachment. These attachments may lead to all kinds of emotional conflicts which will disturb harmonious cooperation of the different parts of the personality--the ego, super-ego and id previously mentioned.

Conflicts are present in all of us even in a normal state and it is quite a different thing to speak about a conflict which is conscious; to be aware of a fight between two opposing tendencies which we try to resolve. This is not the type of conflict which we find in the criminal. There it is usually an unconscious one and the victim of this mental strain will not know the cause of it. To illustrate what I mean by un-



conscious conflict let us take for example the symptom of kleptomania. The person afflicted may be a decent, well-to-do individual who knows what it means to steal but feels compelled to do so and cannot help it; for instance, a woman who against her better judgement will steal a handkerchief or a piece of jewelry in a department store. An irresistible impulse makes her steal and expose herself to the risk of being caught in the act. We cannot call her a criminal. She is fighting that compulsion but finds relief only after having yielded to it. She does not know what she is fighting nor why, nor what is accompanying the gratification. In such instances unconscious drives break through and sweep away all conscious judgement and logic for the sake of gratification.

In the course of our development we all go through a phase during which we try to gratify desires against forbidding forces. The child will steal sweets at home (though he knows the parents disapprove and may even punish him) because formerly he was accustomed to getting things he wanted without restriction. It takes time to accept and live up to those restrictions which interfere with limitless gratification and during the period of adjustment the child may continue to gratify his impulses. After he learns to fear authority he will give up or repress impulses which are not approved of, as for instance repressing the desire to acquire despite inhibition (later called stealing). Such repressed desires accumulate in the unconscious and if the inhibitions and frustrations in childhood and adolescence are constant and there is little chance for gratifying desires, we may assume that a rebellious attitude will soon develop in the growing individual which may eventually exhibit itself in his anti-social and criminal behavior.

Naturally there are many who object to the concept of personality development as I have described it. However, even those who do not accept these divisions of the psychological aspect of personality are forced to work with the concept and cannot get along without taking into consideration the dynamic forces which psychoanalysis emphasizes. If we want to understand any kind of behavior, especially anti-social and criminal, we have to investigate in addition to the conscious, reasoning, logical part of the personality—the deeper, emotional, unconscious part. We cannot forget that the feeling precedes thought; in the course of development feeling is primary, next comes thinking and then action. Thus in understanding the motives of action we must go back to the emotional impulses which stimulate action.

Man is judged by his actions in our culture. Society expects all its members to have their instinctual drives and emotional urges expressed in a socially acceptable manner. That implies a series of adjustments from early childhood up through adolescence and later life, because every individual has to pass from his feeling of omnipotence (from the feeling that the whole world around him should serve him and gratify his needs without any effort on his part) to a state where he recognizes the impossibility of such an attitude and accepts the demands of the external world in which he has to live. As you well know, the child's attitude is one of omnipotence and those adults in whom that childhood mode of thinking and feeling still prevails get into trouble. It is they whom we have to investigate--and from many angles because there are many elements both physical and psychological which enter into the formation of such a person. Incidents from the outside as well as elements from inside are responsible for maladjustments in society.

The main road to the understanding of such a person leads through the three important discoveries of Freud: first--the concept of the unconscious, second--the concept of repression, which makes us understand why the unconscious remains as it is and what are the powers that keep it unconscious, and the third of his fundamental discoveries--that neurotic conflicts have their origin in childhood.

## THE CURE OF CRIMINALS AND PREVENTION OF CRIME\*

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In the middle ages it would have been absurd if someone had talked about the cure of criminals. The law breaker was not considered as a sick person but as a bad person who should be punished according to law and justice. These punishments were very severe. The prevention of crimes was no particular problem. The brutal punishments were considered as a deterrent. Today we speak about the treatment of the criminal and we expect that he should be cured. To be sure the previous generation considered the punishment and the whole procedure of imprisonment as a method of improving the criminal. It was expected that the beneficial effect of the imprisonment might carry the fear of being punished again and then act as an individual deterrent which would protect the law breaker from becoming a repeated offender.

Today everyone doubts whether this whole procedure is really so efficient. In "Youth in Toils" by Harrison and Grant a vivid description is given about the procedure of law in juvenile law breakers. In every phase of this procedure the youth is exposed to hardship even to cruelty. If he goes to the penitentiary or to prison he is thrown with other law breakers more experienced than himself and he has very little opportunity for study, work and an increase in his horizon. He may meet a psychiatrist in any one of these stages. He may be seen after the deed is committed or after he has been found guilty and he may even meet the psychiatrist in prison. However, these contacts will be short and are of passing effect since the youth is beset not only by the difficulties which have lead to his transgression but is also bewildered and suspicious by his contact with the legal procedures. The difficulties are almost greater if one doesn't deal with juvenile offenders but with grownups. Superficial contacts in clinics help comparatively little, as the studies of Sheldon and Eleanor Glueck show. The book contains a catammetic study of 100 juvenile delinquents which were seen at the juvenile court and the juvenile clinic. These cases were studied after

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\*Read at the Rand School in the series, Psychiatric Aspects of Crime, May 16, 1940.

a 5 year lapse following their contact with the juvenile court and clinic. The cases were selected for study by the members of the staff of The George Baker Foundation. However, 80% of the offenders had but a single contact with the clinic. After 5 years 88% of these cases had continued their delinquencies with an average of 3.6 arrests on the part of those arrested. Two thirds of them committed serious offenses, largely felonies. The authors come to the conclusion that a treatment carried out by a clinic court and associated community facilities have very little effect in preventing recidivism.

Bernard Glueck correctly remarks that one could hardly say that these cases received treatment. Psychiatric advice even if it would have been followed persistently could not have had sufficient basis after one contact. What is needed in addition is obviously not only contact and advice but treatment in the strictest sense.

Is the law breaker really sick and is he a problem for the physician or for the educator and lay penologist? Generally we consider as sick only persons who suffer. However, this connotation has to be enlarged immediately since a person might not know that he is sick and his suffering might be postponed. Furthermore, there are deformations and physical shortcomings which merely impair the appearance or function of the individual without provoking direct pain or suffering. We would not hesitate to consider such individuals as sick. There exists furthermore a comparatively large number of cases of mental illness in which the patient does not experience suffering or feel ill. Cases of this type have of course their difficulties in providing for themselves. They have difficulties in the community; offend others who take revenge and would perish if no special help were given to them. Sooner or later physical discomfort would be the natural consequence of their behavior even if they had not become ill physically as would happen in a general paresis case.

The so-called criminal certainly does not suffer directly by his criminality. He is not ill and he suffers primarily and consciously merely from the counter reactions of the community. He is in this respect like a psychopathic individual, if one uses these terms in a larger sense. We are accustomed to find in the non-criminal psychopath indications of difficulties in early life and we consider his psychopathic action and shortcomings as comparable to neurotic symptoms the difference being that the psychopath does not fight against his infantile strivings (which are nevertheless of symbol-like meaning), whereas the neurotic does

fight against the infantile tendencies which are about to break through. This is particularly true concerning sexual perversions which are in most of the cases punishable by law. The assumption that a thief also has to be considered as a sick person conveys obviously with it the meaning that his stealing does not merely imply the wish to get the valued object or money but has beyond that a meaning which we shall call symbolic, a term which will be defined later more carefully. The fact remains that the majority of criminals do not show any suffering in the common sense and furthermore mental illness is comparatively rare among them. Tulchin and others have also shown that there are no major deviations in the intelligence quotient though E. Glueck has a somewhat different opinion. One sees that the idea that the criminal should be treated is therefore based upon rather complicated assumptions.

It is furthermore necessary to keep in mind that the term criminal action does not mean a specific action of an individual but means merely the attitude of the community in relation to a specific action. In other words, criminal action is an action which the law punishes. It expresses a specific relation of an individual who commits it to society. This formulation makes it clear that the problem is in its major aspect a sociological problem and can only be understood from the point of view of the individuals relation to society. It is, for instance, spurious to say that aggressive criminals might have been of a particular social value in a society which honors aggression also in peace times. Such a formulation neglects the fact that it is always a particular type of aggression which is approved and it is the capacity or incapacity to adapt which lies at the basis of the difficulties.

One may try to seek the basis for the difficulty in adaptation in the biological difference between the criminal and other human beings. The attempt of Lombroso's to define this difference has failed. Newer attempts have tried to solve the problem from the point of view of heredity, especially from the point of view of the study of identical and non-identical twins. There is, indeed, a comparatively large number of identical twins in which both twins are criminals whereas there is no discordance in non-identical twins. This method of study is not quite reliable since the great similarity between identical twins induces them to identify themselves with each other much more readily. Studies in which the one twin has been reared separate from the other do not exist. Those who consider that criminality is chiefly due to

hereditary factors would have to put the emphasis on eugenics and the prevention of the procreation of serious criminals. However, even if one puts emphasis on the hereditary factors in crime one would still have to consider that it is obviously not the crime which is inherited but the capacity to become criminal under specific circumstances. Even under these circumstances therapy of the criminal should become available. Even the criminal in whom heredity plays an important part is a human being who is under the influence of emotions and reacts to the environment.

However, it has become more and more probable that hereditary influences are of minor importance for the crime problem. It is good to keep in mind that the majority of criminals are neither neurotic nor psychotic. In the clinic of the Court of General Sessions in New York City 1.6% of the total felons convicted in 1937 were insane. Very similar results were obtained in other years. The percentage of mental defectives in the entire group is 3.07%. There were 197 psychopathic personalities among a total of 2698 cases. Neurosis was diagnosed 114 times. Roughly, 20% of the offenders were psychically abnormal according to ordinary standards. It is obvious that the majority of criminals are normal from a psychiatric point of view if one doesn't consider the repeated crime itself as a sign of mental unbalance. However, such a formulation would certainly substitute one term for another.

The definition of the term psychopathic personality changes from author to author. L. Bender, for instance, considers psychopathic personalities persons in whom the drives have been either completely changed by head injuries, encephalitis or similar agents which may damage the brain without producing gross organic pathology. Similar pictures can however occur in a child which did not have any chance to form early object relations due to lack of parents and parent substitutes. Others include among psychopaths, individuals with constitutional abnormalities in the emotional life who show for instance a tendency to dissociation. Generally we are inclined to talk about psychopathic personalities in individuals who give in to infantile drives or their modifications. They do not suffer directly but suffer by the reactions of society to their infantile behavior. The criminal is merely akin to the psychopathic group in so far as he does not suffer directly but merely by the reactions of society. It cannot be doubted that criminal action is to a great extent determined by childhood experiences or in other



words from the unconscious. The criminal act in this respect can be understood like a neurotic symptom in so far as it serves a more primitive drive. At the same time it shows some adaptation to society. There is some capacity to form groups and furthermore there is the capacity of acting so that one may at least partially escape the consequences of one's actions. (An enormous number of crimes remain unsolved.)

The classification of criminals into psychotic, neurotic psychopathic and normal criminals is of course, the basis on which treatment has to proceed. The criminal who has a psychosis obviously does not need any other treatment than other psychotic patients.<sup>(1)</sup> Two subdivisions of these should be recognized; those who become psychotic and who in their psychosis continue previous criminal attitudes, and those whose criminal acts are committed merely due to the psychosis. I saw, for instance, a dementia praecox case who killed his wife and his three children with a hammer in order to give them eternal life. Whatever the deeper motivation of such a crime may be it is a crime of a psychotic individual and of a completely different meaning from the crime of the so-called criminal in the narrower sense. It would be easy to multiply instances of this type. A case of such structure has, of course, to be committed and treated like any other case of schizophrenia.

A neurosis as such will rarely be the direct cause of a crime. There are however, cases in which the neurosis as such is the crime producing factor, for instance in kleptomania and especially in shop lifting. It may be sometimes difficult to draw the borderline between neurotic shop lifting, and the shop lifting which is done purely on a criminal basis. Case 2 of Alexander and Healy is a case of neurotic type. There is an association between erotic practices and stealing, her stealings being accompanied by physical manifestations in the sense of relief quite similar to the relief following sexual tensions. The thefts served aggressiveness. They centered particularly on clothes, jewelry, handbags and pocketbooks. There were masochistic fantasies. The patient had a vaginitis in early childhood the treatment of which she considered as punishment for masturbation. Stealing appeared as a less sinful substitute for masturbation. In some cases it can be proved rather conclusively that the stolen object substitutes for the penis of which the girl may feel deprived. Such cases naturally need the same treatment as any other neurosis. Sometimes it may be sufficient to discuss the more obvious mechanisms, sometimes deep psychotherapy will be necessary.

<sup>(1)</sup> The term psychosis is meant here as comprising the usual forms of psychosis, especially manic depressive psychosis, schizophrenia and organic brain diseases.

The psychopathic group, that is individuals who besides the fact that they commit crimes show a more or less deviate character formation, will also need the same treatment needed by psychopaths. It is known that the treatment of psychopathic personalities (non-criminal) is among the most difficult tasks in psychotherapy. The psychopath has no manifest conflict between his super ego and his ego. He has reached some sort of equilibrium which is acceptable to him from the point of view of his personality. The problem of psychotherapy will therefore first be to make the individual feel sick and then to cure his illness. However, individual psychotherapy in these cases may often be in vain, and one will have to change the environment so that the environment fits the situation. The non-criminal psychopath very often can exist only in an environment which is either made easy or strictly regulated. He may need a helping hand throughout his lifetime whether he is analyzed or not analyzed. Criminal psychopaths have not only to deal with their psychopathy but also with their crime and the penal institution will be very often an environment which drives the psychopath deeper into his conflicts. Psychopathy, psychosis and neurosis cannot always be clearly separated from each other.

H.K., for instance, (page 363 of *Studies in Aggressiveness*) 34 years of age, was charged with the holdup of two stores. He pretended to hold a gun in his coat pocket. He is a chronic alcoholic and was intoxicated when he attempted the holdup and said he committed the crime in order to be shot by a policeman. In the Tombs he heard voices calling him a *c.s.* and *s.o.b.* These voices were the voices of his wife and of a woman who fondled him when he was a child. He was a very large man and he felt that he was handicapped in childhood because he would have been considered a bully if he had fought. His size made him also subject to pursuit by older women. There is a feeling of femininity. He believes that he is very often attacked by others. He is often forced to defend himself by deeds of violence. The pretension that he has a gun increases his feelings of strength and masculinity. There are feelings of domination by his father to whom he stands in a passive masochistic homosexual relationship. There are repeated contacts with homosexuals followed by his beating them. There has been a passive attitude toward older women since early childhood. The castration motif which is always present was in the foreground in his alcoholic hallucinosis. He expects punishment for his aggressive act, but even that was a method by which he wants to receive punishment. He would

like to have his holdup isolated from other problems; that is, he feels it should be rewarded as an isolated problem to partially escape the inner responsibility. As with most criminals, he wants to be punished, but not too severely. It is the attitude of the child, who regains the love of the parents after punishment.

The aggressive action in this case is an attempt to attain his full masculinity, which was threatened by the father as well as by the older women. The holdup appears as a symbol for superiority. The alcohol served as a sensitizer for problems which have been present throughout his life. The idea of physical abnormality and femininity form the etiological background. It is probably cultural and sociological teaching which causes the idea of his femininity to produce immediately a feeling of inferiority, and the aggressive act (the overpowering of another person) to become the height of symbolization for masculinity. That his libidinous problems finally end in the aggressive act could be due to the particular strength of the libidinous forces involved, but we have no definite proof of such an assumption. The weakening of reasoning power by alcohol (weakening of ego system in psychoanalytical sense) could be another factor. We have no definite reason to believe that the wish for punishment, although present, is one of the outstanding factors.

There is an underlying severe psychopathy and the alcoholism would need treatment in such a case. The criminality is in connection with the neurotic character changes.

We come from these cases to sex criminals in general who basically have the same psychology as the perverse in general. There is no question that the most difficult problems of psychotherapy are involved, for instance in the treatment of any perversion. However, many analysts and I myself have had occasionally good results in the treatment of homosexuals and other perversions. Although homosexuality is technically a crime, it is one of the crimes which are only persecuted under specific circumstances. Voyeurism, exhibitionism, are obviously sex crimes of minor importance. Sex offences against minors are of a greater social importance although the minors play the more active sexual part than is generally supposed. (Compare Bender and Blau.) The newer psychoanalytic attitude towards perversion insists that the perversion is not merely the persistence of an infantile sexuality but is the result of an infantile neurosis. The treatment of perversions and

the treatment of neurosis are therefore very similar, however, it is again necessary to make the patients suffer directly under his perversion if a success is to be reached.

We are, of course, fundamentally interested in those criminals who are neither neurotic, nor psychotic nor psychopathic nor defective. As stated above, about 80% of criminals belong in this group. They are socially the most important group. There we find, for instance, shoplifters who make a business out of shop lifting, a business which is carried on with the help of officials. (Page 147 of 500 delinquent Women). The authors report that Alice began to lie and steal almost from babyhood. The careful non-analytic report does not give any idea of development of her proclivities. On the otherhand, one finds in reformatories very often types like Margaret who merely can't get along with harsh parents. Most of the women show illicit sex indulgence as the chief form of their adolescent and early misbehavior. Sentence to the reformatory was not in the vast majority of cases the first experience which these women had with legal authorities and institutions.

The reformatory as such may have a good influence. There is a regularity of work imposed upon the offenders; there is furthermore some industrial training. However, there is the serious danger that the prisoners might learn from the others new ways of criminality. The situation in penal institutions with boys is basically identical. In all these cases one finds difficulties in the home situation. However, only psychoanalytic examination can reveal the deeper problems involved.

Most of the criminals come from families of poor economic standing and insufficient training in school. Very often the home situation was desperate also in so far as the parents were either fighting severely with each other or were drifting apart. Of course, the reformatory or the prison does not give individual treatment to the single offender. It offers him officially one type of a group spirit. This is counteracted by the group spirit of the more or less hardened individuals in the institution. The handling of parole has a double aspect. The hope for parole has in itself educational value. During the parole, the parole officer may be of considerable help not merely as a deterrent agent but as an individual offering guidance and who may serve as a parent substitute. However, even this is, as the studies of the Gluecks show, very often of no very great help. The follow up study from the adolescent ward in Bellevue Hospital gives somewhat better results. Carrol

and Curran write as follows: "Of 300 cases, examined in Bellevue Psychiatric Hospital Adolescent Ward in 1937, 201 are now at home, 47 are in state schools, 32 are in correctional institutions, 7 are in state hospitals, one is in an epileptic colony, 2 are dead, the whereabouts of 4 are unknown (these boys having escaped from correctional institutions or state schools, or run away from home), 2 boys are awaiting trial or sentence in adult courts, and 4 boys have special placements in foster homes or in medical institutions."

"Of the 201 boys at home, we have reports that 10 are truants from school occasionally but otherwise are making a satisfactory adjustment. We realize, of course, that the mere fact that a boy has not had subsequent court appearance does not guarantee that he is adjusting well. However, the majority of these 300 cases have been seen either by us or by Probation Officers at least one year after leaving Bellevue Hospital. We also realize that adolescents may adjust for several years and then resume their anti-social behavior."

"Our study shows that 67% of these adolescent boys with court records are at home and apparently adjusting well, and that only 10.66% are at present in correctional institutions. These figures are lower than those reported from many child guidance clinics and, in our opinion, tends to suggest that a thirty day period of observation and treatment in a psychiatric hospital is of positive value. We would recommend that similar wards for adolescents be instituted in other psychiatric hospitals and state hospitals."

In order to understand these comparatively favorable results one must understand the structure of such a ward which does not serve merely for detention and study but also tries to give the adolescent a deeper insight by individual psychotherapy (which takes over at least some features from psychoanalysis), by group psychotherapy and by group and communal activities which give to the boy the possibility of feeling that there are other methods of gaining esteem than by criminal action. This problem will be discussed later. The criminal action seen from a superficial point of view gives to the boy pleasure and advantage. He may steal, be truant, may get illicit sex pleasure and may show his strength and power. This is particularly true about the aggressive criminal, especially the holdup man and the murderer.

Alexander and Healy report a boy who is the youngest in the family, and was spoiled by his mother and 5 older sisters. He enjoyed his baby role until the comparison with his older brother and the con-



tact with other children began more and more to disturb his inner peace. He had ambivalent feelings towards his older brother and felt aggressive and jealous towards him. As a reaction to his intense hostility guilt feelings and destructive tendencies developed. He protested against this dependent passive receptive attitude and showed an over-emphasized aggressiveness. The charges against him were drunkenness, larceny and burglary but he very often got into violent fights which, however, did not lead to criminal prosecution. Alexander and Healy stress particularly the oral passivity and dependence. However, Karpman has justly protested against the over-emphasis on oral tendencies. In the material of Keyser and myself which deals with holdup men in which aggressive action was in the foreground the passivity expressed itself in anal trends. D.M., for instance, feared throughout his life sexual attacks in the anus by boys. He traced this fear back to repulsion to enemas at 5 years of age. However, he is also interested in women's breasts. He felt always weak because of a heart ailment which incapacitated him and made him physically inferior to other boys. With a pistol he feels courageous, strong and viril. Accompanied by another boy he held up and shot a female subway agent. At 5 years of age his mother burned to death in his presence when she tried to take him away from a fire.

In the foreground is a fear of passivity, which means to be hit, be beaten up or to be attacked. Analytically one may talk about castration fear. It is partially a fear and partially a wish to be in a female masochistic position. It is possible that his wish to suck the breast and his fear of the insertion of the penis have a similar basis. The gun is again an embodiment of masculine force and aggressiveness. The question again arises, why do his problems result in action. We are inclined to believe there are two outstanding psychological traumata in early childhood. First is the death of his mother, which must have severely impaired the personality structure; and secondly, the long-lasting debilitating disease during childhood. There may still be other factors which cannot be defined psychologically that prevented a structuralization of the ego in an analytical sense and permitted him to go through with a criminal act.

It would be easy to increase the number of instances. Physical weakness, early illness and generally debilitating disturbances in childhood are important factors in the picture. The aggressive individual pushed out from the company of other boys by his weakness and by



his fear has to build up his own group and by his violence he substitutes for his weaknesses. The psychological mechanisms which have to do with passivity, anality, (orality?) and the overcompensation are not the only ones which are of importance. Sickness has a terrifying influence. There may be other early threats which hinder the organization of the personality and make it thus possible for the overcompensatory actions of aggressiveness to break through in violent criminal action. The criminal is isolated and tries to create his own society which admires him for his criminal action. It seems to me that aggressive criminals have generally a lower I.Q. than other groups of criminals.

Feelings of guilt are, of course, common in criminals. However, they are mixed with the fear of punishment. Freud has postulated the idea that the infantile feeling of guilt precedes the criminal action and is in this respect its cause. This cannot be substantiated. It is important to keep in mind that the criminal feels that he does not get from society what is his due, and indeed the majority of criminals come from the lower economic strata. Furthermore, their family background shows frequency of fights between the parents, broken homes and social desolation in every respect. This is particularly true about the "normal" criminal in whom we are particularly interested.

To be sure, individual therapy will very often have some effect. However, the criminal's conflict is not only with the family but with society as a whole. Furthermore, family and society have also not succeeded in building up a reliable ego and super ego structure partially in connection with the biological handicaps. Individual therapy, although helpful even when driven very deep as in psychoanalysis and allied methods, will be very often insufficient. It will be necessary to give to the boy not merely individual attention but one must build for him his society and his group. Only then may we expect that the individual will have a chance of not relapsing and not becoming a chronic offender. Enlightened prison administration has always aimed toward this goal by arranging for group activities of all kind. However, group recreation, group work and even football and baseball are only a small part of what can be done in groups. Our group in Bellevue puts the emphasis on group psychotherapy which helps the patient to increase his insight. One has to discuss with the individual his problems in an analytic sense in the presence of others. The problems of the one individual will objectify the problems of another individual present in the group. The group discussion on the fundamentals of human life

will give to the prisoner a clearer insight into his ideologies. In our wards, different techniques besides group analysis has been worked out. Dr. Bender has used puppet shows, art productions, clay work, dancing and music in groups as an approach to the conflicts to the child. Dr. Curran has utilized the production of shows, parts of them written by the adolescents themselves. The emphasis is not merely laid upon the amusing and socializing effects of such activities but on the increase of insight into the individual's own problems from a human point of view. These techniques have so far been used only on children and adolescents but similar methods seem to give hope for a more efficient therapy than criminality has had so far. Work will also have to be considered not only for its practical and technical value but as a socializing influence. The behavior of the individual at work and in a group can be elucidated better in group psychotherapy than by the psychoanalytic interview. By helping the criminal in solving his conflicts society may pay its debts to him and may be rewarded by a greater success than would be had by mere punitive measures.

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## DREAMS OF A SOMALI PROSTITUTE

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In the year 1928 I spent about three months with various groups of the Somali. For two months I was studying a group of about eighty Somali in Budapest. They had been brought straight out of their native villages by Hagenbeck and were touring Europe. Here I worked with a very intelligent native as interpreter. His name was Ali Hersi of the Habr Aual tribe. He had spent several years in Hamburg and spoke English and German fluently. This group came from the tribes Girri, Babilli, Abeshul, Bartiri and Habr Aual<sup>(1)</sup>. This was in the summer and several months later on my way to Australia I spent a month with them in Aden and Djibuti. My interpreter was an old and very religious mullah (Aden Hassan) of the Habr Aual tribe who spoke good English. The majority of my informants here came from the Habr Aual, Habr Toljaala and Eyssa tribes<sup>(2)</sup>.

The Somali are nomads who wander from one pasture to the other with their camels cattle and sheep. The order in which I mention these animals is their order of valuation. Camels milk and flesh are preferred to any other kind of food as they are supposed to give strength. As payment for an injury they will only accept camels. For a front tooth knocked out the price is five camels. For ears and eyes fifty she-camels. The same price is to be paid for killing a woman but a man is worth the double. Rich Somalis may own as many as 10,000 sheep or 400 camels. The nomads look down on agriculture and hunting as a means of living. The poorer people cultivate the soil and they have some poultry and one or two cows in addition. There are three outcast groups among them. The Jebir or sorcerers, the Midgan or hunters and the Tumul, the smiths. This latter group is less of an outcast class than the

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(1) With the exception of the Habr Aual the others are all Harar groups. See G. Ferrand, *Les Somalis*. 1903. 144. On the Habr Aual *ibid* .107.

(2) Cf. Ferrand, *op. cit.* 85, 107, 114.

other two, indeed there is little difference between them and other Somalis<sup>(3)</sup>.

Nowadays of course there is a whole Somali quarter of the town at Aden where they go to work for the white man or the Arab.

The dreams I am publishing now were obtained from Ewado, a young prostitute of the Tumul caste. Aden Hassan was present and translated as she spoke. Notwithstanding the presence of an interpreter the dreams show that she was in the analytic situation and I think they are worth publishing not only because we have very little information on semi-civilized people like the Somali, but also because we have next to none on prostitutes even in our own civilization<sup>(4)</sup>.

DREAM NO. 1.

*First Interview.*

I dreamt that a leopard took me, I also dreamt that a man took me by force and had intercourse with me. In the last moment however I opened my eyes and was awake.

ASSOCIATIONS

Yes, the leopard dream came first. The beast wanted to eat me but I was rescued by a man and brought to the hospital for treatment.

INTERPRETATION

It is evident that the leopard and the the man are the same person also that being eaten by the leopard means having intercourse with a man. We also suspect that the treatment in the hospital is pregnancy.

DREAM NO 2.

I was the lover of a man. Then he caught me with another man and nearly murdered me.

ASSOCIATIONS

We had a fight with other prostitutes about a man. They took me by the hair and threw me down. Two women attacked me and they

(3) See Ralph E. Drake-Brockman, *British Somaliland*. 1912. 219

(4) For the psychology of the Somali see Roheim, *Psycho Analysis of Primitive Cultural Types*. *International Journal of Psychoanalysis* XIII. The National Character of the Somali. 199.

beat me. Then she tells me that she is from Aden and gives the following "gabai"<sup>(5)</sup>:

"O Ashai (name of a girl) you waste the name of your tribe and your know as well.

If you had any sense--Galib is waiting for you and would marry you.."

After this there is a long pause; she hides her face and shows other signs of shyness. The chief conflict of her life is beginning to appear. The choice of the poem is determined by her situation, she is "wasting her name" and the honour of her family. These abstract concepts are naturally centered 'round her father. The first time she bolted and became a prostitute her father fetched her back and said, "It is a shame to waste our name." He took me away to the desert but some men came after me and persuaded me to come back again to prostitution. Having once tasted it I could not give it up. My elder brother came to fetch me but the French authority would not give me up. I left my husband because he refused to pay the "jarad" (bride-price) to my father. (Her love to her father was the real reason why she could not be fully satisfied by her husband.) When my husband divorced me my father took me home to take care of his sheep. But I was afraid of the wild beasts. My father compelled me to accompany him and took me to the jungle. He wanted the wild beasts to eat me (We have suspected the identity of the "leopard" in the first dream with the father; now we have the final proof) but luckily some people came, rescued me and brought me back to the town. The first night when I slept in the jungle one of my brothers was taken by a lion, so that I do not want to see the jungle ever more. At day I was always hungry and thirsty. Anybody would prefer to die than to live in the jungle. Then another tribe raided the village, they killed one of my brothers and took all our property. I refused to go back to my father, because I am afraid of him."

She stops and asks, "What shall I talk about?" I do something that should not be done in a regular analysis, but was justified by the result in this case. I ask her to remember the time of her 'circumcision'<sup>(6)</sup>. She relates the following dream: "I dreamt the night before the operation:

#### DREAM 3

"I dreamt that some people wanted to have intercourse with me.

<sup>(5)</sup> Song composed for a special occasion. Cf. Drake-Brockman. *British Somali-land*. 1912.127.

<sup>(6)</sup> Cf. on the operation (cliterodectomy and infibulation) Roheim *op. cit.* 199.



They loved me very much and I was always with them. It was at Aden. Then these people took me to another country. Then that country caught fire and I was burnt in the fire. The house caught fire from all sides. I rushed into the fire and ran while my clothes were on flame. Then I went into another house and some other people cut off all my clothes. Then I was quite naked and I was awake."

#### ASSOCIATIONS

This dream meant bad luck according to the official dream interpretation and so she sacrificed a goat to avert the evil consequences. "Also I dreamt that I was in jail, but it was only a dream." "Sometimes I fight, sometimes I am thrown into the sea in my dreams."

#### INTERPRETATION

The "many people" motive. They are taking her away from Aden *i.e.* from her father. "Burning clothes and nakedness, being stripped" seem to mean the same thing as coitus so that the dream describes the same thing twice; directly and symbolically.

#### DREAM 4

##### *Second Interview.*

I dreamt that I had a fight with a man who came to me. A cat jumped over me and scratched me.

#### ASSOCIATIONS

"The boys (who were standing outside) will make fun of me." The cat (dream) was a female. Then many people came and rescued her from the cat who would have eaten her. Her mother beat her once and said, "Don't be a dillo (prostitute)." She used to thrash me for running away with the boys. I was 8 years when I was 'circumcised.' Before that the boys used to rape me. They would drag me into a room and rub themselves on me by force." The man in the dream was her friend. But she disliked him having intercourse with her. (How was it that their "liaison" was broken off? I ask). She had a fight with him because of the man's mother.

#### INTERPRETATION

In the first hour we saw how in her dream life, *i.e.* in the unconscious, the situation was just the opposite to what she thought it was. Consciously she knew that she was "wasting herself" and that her father wanted to "rescue her" from prostitution. In her dreams the father is the dangerous leopard who "devours (*i.e.* has intercourse with her) and the "many people" her lovers who rescue her. Now the leopard is

replaced by a black female cat. The associations point straight to her mother.

#### DREAM 5

##### *Third Interview.*

"I dreamt that I was a bird I flew up to the sky, came back and then I was in a boat. The boat was wrecked and I sunk into the sea. People came and rescued me. Then I saw that I am alive. I also dreamt that I was married and gave birth to a child. But the Somali stole my child and ate it. No, my husband's cousin, my first suitor was the child's father and it was he who tried to eat the child. My husband fought with his cousin and killed him. Then we shifted but all the loaded camels died."

#### ASSOCIATIONS

"Once I was ill and was in a hospital. Arab drunkards came and tried to rape me. They broke all the furniture because I would not let them." She sent some money to her father. The man who ought to have handed the money to her father was an Arab. He stole it. The child in the dream was white like an Arab. Yes, she would like to have a child.

(What about her husband's cousin?) "His name is Ahmed, he wanted to marry me first but I refused." When she was quite a little girl she used to dream every night that she had a new husband. The flying dream she dreamt when she was three years old.

#### DREAM 6

"Some time ago I dreamt that my father took me to the desert. There he threw me away. Then some other people brought me back to the town. When my father saw me in the town he got excited and said, 'Who brought you back?' She has nothing to say. All dreams are lies. When my father got excited (in the dream) she said, 'You are not my father, you chucked me.'"

#### ASSOCIATIONS

When she was a little girl her father loved her and gave her whatever she wanted. He is angry now, because she is a prostitute. (What about the boat in the dream? "It was my father who put me in the dhow, (boat) because he wanted to take me by force from this country. But the dhow went to the bottom." It was a clouded sky different from the real sky. In the dream she was a black crow.

#### INTERPRETATION

Again we have parallel versions of the same theme. A. I become a black crow and flew to the sky. B. I was married.

A. I sunk into the bottom of the sea in my father's dhow. B. I had a child.

We have already suspected that "being ill, going to the hospital" means pregnancy. Now the first association to a pregnancy dream is "I went to the hospital." Just as flying is the well known dream equivalent of coitus, of being married, the boat sinking into the sea, the shipwreck means pregnancy and delivery. But she sinks in her father's boat *i.e.* gives birth to a child whose father is her own father. This conclusion is confirmed by the next sentence, The Somali (*i.e.* the multitudes, the "rescuers") ate her child. Now the child's father ate the child. Who is to "devour" (*i.e.* have intercourse with her) the "many people" or her own father? For her own father is of course the leopard who devours her in the desert. Our view that the child's real father is her own father is confirmed by other associations. She handed an Arab some money, he was to take it to her father. Therefore the Arab is a representative of her father. The child was "like an Arab" *i.e.* it was her father's child. In the dream her husband rescues her from her "first suitor" *i.e.* her father and kills him. Then the loaded camels (pregnant women, mothers) die probably as instigators of this crime. Perhaps her being a black crow in the dream means the same thing as if she were a black cat *i.e.* the mother. Flying would be identifying herself with the mother in the act of having intercourse with the father. The sixth dream contains again the old motive "her father is the dangerous wild beast of the desert."

#### DREAM 7

##### *Fourth Interview.*

I dreamt that I died. I was "taken to the grave and the angels asked me, 'What are you? 'Oh you prostitute, we know you and they burned me with a red-hot iron. Then they gave me a praying mat and a jar of water to pray and wash' When I gave up prostitution and turned to religion they took me out of the fire. Then in the middle of my prayer I became pregnant. I gave birth to a child. It was the child of a Frenchman. Then I was awake."

#### ASSOCIATIONS

The Frenchman was one of her lovers. "In the dream he took the child and asked her to accompany him to Dire Dawa. I refused to go with him. Then he gave me a lot of money and went away with the child." "Once when I was in the desert the fox came and ate some of my sheep. Then they punished me. They stripped me and sent me away

quite naked. Then some people found me, had intercourse with me and gave me clothes. One of them said he would marry me and take me to his country." After this she relates another dream.

"My brother came to this country and without saying a word he simply shot me with a rifle. They took me to the hospital and cured me. My brother was put into prison by the judge although I begged him not to put him into jail."

#### ASSOCIATIONS

"My brother took me to Aden and there he left me. He went away to Europe." Her father always scolded her brother why do you waste your time because of the whore? He told my brother not to trouble about me but let me be what I am. Now I have got a letter from father asking me to come home to his house. I will do so and I will go and pray and ask him to forgive me. He promised to give me everything if I left being a whore. I have nothing more to say." Asked about her brother she answers, "We loved each other very much when we were children. He used to give me food, clothes and everything. I was his favorite sister but he wanted to keep me locked up in the house."

#### INTERPRETATION

This is the first and only hour in which I attempted anything like an interpretation. I called her attention to the fact that the angels in the dream were doing just the same thing as her father in reality. "Give up prostitution and pray" (in both cases). She ponders about this and hides her face behind her cloak before she goes on talking. There can not be the slightest doubt about the fact that the angels who burn her and religion in general, prayer *etc.* stand for the Super-Ego *i.e.* the father. There is a certain amount of condensation of the parental *imagines* in the concept for the angels are regarded as female by the Somali. During her prayer she becomes pregnant thus showing that both the red-hot iron applied by the angels and prayer itself means intercourse with the father or in the symbolism of dream No. 8, being shot by the brother. In the associations we have again the beast who devours the helpless sheep *i.e.* the father, or in general the male who violates her, for the consequence of the loss of the sheep is that she is stripped and violated. The "child of a Frenchman" is a novel and interesting feature of the dream. The first sign of transference; The "Frenchman" is the analyst, the European, who gives her money for "telling yarns." This meaning is super-imposed on the former layer; to have intercourse with the analyst being of course

a substitute for the original Oedipus wish. Finally the "Frenchman" also means her brother who loved her so dearly in childhood and has now left her and gone to Europe. In all her dreams the father is the person who threatens the child (eating, taking away) her fundamental attitude being that she is the child who is "eaten" by the father. The Frenchman gives her money instead of the child thus showing a specific gratification in prostitution; to get money from a man is a substitute for conception and delivery.

*Fifth Interview.*

"When we were small children we played the following game. The grown ups dug a ditch for the child and if the child managed to jump out of the ditch it got a sheep. Then we ran races. Once a lion killed a loaded camel, then the men attacked and killed the lion. When a women gives birth to a child the Midgan woman comes and re-stiches her. Then a sheep is killed."

DREAM 9

"I left Djibuti and went to Aden (Is afraid of prison in consequence of her flight). In Aden I was cleaning coffee with the women in the coffee shop. I met my father, he was giving alms to the poor and he thanked God for having saved me from this life. At night the men came to me and gave me money." In the coffee shop where she worked the other women were very angry. They said I should choose either work with them or the Arabs. I gave them money so that they should not tell my father what I was doing at night. When my father saw the Arabs he chained me. My cousin who loved me dearly and used to feed me when I was a little child came and stood security for me."

INTERPRETATION

The dream shows an attempt to affect a compromise between her two desires; both the father and the many men. But also; both the women (cleaning coffee together) and the men. We understand the motive of the "rescuer" (cousin, brothers, husband, many men) it means simply "a substitute" rescuing her from her "incestuous desires." Accidentally the associations also shed light on the game of jumping out of a ditch, it means being born. Both events are followed by the sacrifice of a sheep.

*Sixth Interview.*

Transference is followed by resistance. She has a fight with some other prostitutes just before she ought to come and see me, so that can not retain her as she must go to the hospital. But she tells me her dream.

## DREAM 10

I dreamt that I went back to Aden on the Cowardjee boat; the boat sunk.

## INTERPRETATION

She knows that I am going back to Aden on the Cowardjee boat the same day. Before she went on the father's boat, now on my boat. The sinking boat, we know, means pregnancy. Instead of being made pregnant by the father she now desires to conceive from the analyst.



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CARDIAC SYMPTOMATOLOGY AMONG PRISON INMATES\*

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*A Psychiatric Viewpoint*

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GENERAL DISCUSSION

The present study is the outgrowth of an attempt to arrive at a better understanding of the large group of prison inmates who report to morning sick call with vaguely outlined complaints many of which simulate organic disease. The limitation of the study to those symptoms simulating heart disease (precordial pain, choking sensations, shortness of breath, rapid heart action, pain under the heart) was arbitrary. It is recognized that the whole question of visceral imbalance is involved regardless of the presenting symptomatology, e.g. "so-called cardiac" cases frequently have respiratory and gastro-intestinal complaints in addition. Similarly, it is the total personality which is expressing, through a specific set of complaints, conflicts of a deeper significance, the organ of selection bearing a direct relationship to the method by which the individual is accustomed to manage his problems.

A few generalizations at the outset may be of assistance in illustrating the method of evaluating specific symptomatology. Each human being is marooned so to speak, on the desolate island of his own individuality. He has comparatively few means by which to make his desires known to his fellowmen. If the matrix of wishes, compulsions and tendencies toward established ways of meeting situations impells him to drive actively and unreservedly toward goals, the aggressive and defensive forces of that individual will be integrated along lines affording a maximum of action. The skeletal neuromusculature lends itself perfectly toward this accomplishment. Another type of individual may find through the process of trial and error that less devious ways of meeting situations are satisfying to his inner needs.

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\* The writers of this article are greatly indebted to Dr. Franklin Day of Ossining, N.Y. for the Rorschach investigations made on each case. The amplified material will appear in a later contribution by Dr. Day.

Deliberation, thought, deferred action, compromises and phantasy intervene between the moment a situation arises and the time of its being met. Passive defenses are unconsciously built up in the interest of appeasement and of meeting a stressful situation a little less painfully. The musculature, glands and other organs served by the autonomic nervous system become organized by the personality as an armaturium of passive defense. Or the individual may be the sort who vascillates between these two modes of expression and consequently will utilize something of each. The mechanism of speech with its symbolic utterance of thought muscularly expressed stands in this category. The foregoing considerations obviously have merely established physiological accoutrements to the well-known concepts of extraverted, introverted and extra-introverted forms of personalities. They are the means, however, by which the isolated personality places himself in some definite relation to his environment.

Of greater importance perhaps than the physiological mobilization of bodily resources to meet threats and conflicts both external and internal in a patterned mode of response, is the "set" of these patterns towards the demands of everyday life. Physiological tone is maintained and is keyed to the demands of each individual. For example the postural tone derived from an organization of skeletal neuro-musculature is readily discernible in the well-trained athlete. The full functioning of the smooth musculature of the pyknic type of individual, the dominance of the hollow organs, the syndrome of ingestion and excretion is a well-known entity. The verbalist is known to all. Hereditary influences have an important place in the direction in which the physiological pattern may "set," but the psychological control of these processes is a marked factor in the determination as to whether or not the functioning of the pattern takes an abnormal aspect. Psychotherapy, therefore, even though it may be superficial, plays an invaluable role in regimentation of the individual who has undesirable "sets." Two modes of abnormal functioning of physiological patterns are to be noted, - a change in their general tempo (for undoubtedly, patterns are rhythmically controlled and show oscillations within certain limits), and the focalization of these processes upon some special organ such as the heart or the gastro intestinal tract. The former of these deviations is to be noted in hypersensitive states, the latter in the so-called cardiac neuroses; ties and the various spasms: Functional states of such nature if long standing tend to become characterized as organic. Thus the functional change may readily be the larval stage of an organic state.

#### METHOD OF PROCEDURE

The present series under discussion comprises fifteen cases selected from the cardiac clinic of Sing Sing Prison Hospital. A careful and detailed history, a thorough physical examination, necessary laboratory tests including an electrocardiogram, stethogram and telroetegemo-gram were done in all cases to properly evaluate an organic state. A psychiatric examination and a Rorschach test constituted the psychological evaluation.

We were cognizant of 4 theoretical groups under which we could classify our cases.

1. Those cases in which the organic cardiac state is of such prominence as to mask the psychological associative processes underlying it or toward which the patient had only few minor mental attitudes.
2. Those cases in which an organic process is coincident with and superimposed upon a neurosis.
3. Those cases in which the neurosis is of such prominence as to mask the underlying organic pathology.
4. Purely psychogenic conditions which, however, if unduly prolonged may become larval stages of organic changes.

The material which constitutes the body of this report represents a presentation of three patients, illustrating examples in Groups 1, 3 and 4. No attempt is made at this time to completely delineate the series or to present a statistical survey of the field. From the nature of this investigation as outlined above, we were concerned with those individuals in Groups 2 and 3, but most concerned with those in Group 4. The entire group of 15 patients was studied as indicated above. The following 3 cases are presented in detail to illustrate in general the principles involved.

#### CASE I

*Cardiac Symptomatology Psychogenically Determined - Physiological Organization Type - Gastrointestinal Primarily.*

*Diagnosis - Anxiety Hysteria - Group 4.*

*Complain -* Severe substernal and diffuse upper chest pain. These did not radiate and were unrelated to effort. Shortness of breath and weakness on exertion were of gradually increasing severity. Patient considered these symptoms as indicative of heart disease. Complete clinical and laboratory examinations were done on several occasions but no evidence of organic heart disease was encountered. Physical exam-

ination was essentially negative throughout. B.P. 114-70; E.K.G. revealed a normal sinus rhythm with no deviation of elliptical axis; teleroentgenogram revealed size, shape and position of heart and aorta to be within normal limits.

M.N. age 39 years, male. About eight weeks prior to examination, the patient awoke from sleep with severe upper chest pains which were unrelated to effort and did not radiate over the chest. Later he noticed increase in shortness of breath and weakness upon climbing stairs. Although he was not incapacitated by the pain, he was rather apprehensive and felt that his distress was a manifestation of organic heart disease. He had just been informed that his father was seriously ill. Failure to receive mail from him for six weeks led to anxiety and much brooding at night. His father was known to have been suffering from *arterio-sclerotic heart disease* but his death finally was due to *cancer of the throat*. Following this event, considerable amelioration of the patient's symptoms was noted, but he continued to be subject to sudden stabs of paroxysmal pain in the chest upon occasion. Frequently, these are related to some topic of conversation or thought in which the patient has a heavy libidinal investment. One such attack was experienced by the patient during conference with examiner at time the subject of patients' father's health was introduced.

The patient was born in Chicago, 39 years ago of Jewish extraction. His mother aged 70 years was known to have *diabetes mellitus, hypertensive and arterio-sclerotic heart disease and obesity*. Seven years ago, she had a left hemiplegia. Apparently the mother is of stable personality make up and has been the real "boss" of the family. Her adequacy has extended not only to the management and upbringing of the children but to the financial affairs of the family as well. The patient grew to be extremely dependent upon her and always maintained a deep affectionate regard. The strictly orthodox Jewish customs prevailed in the family life. The father, a small shop owner of retiring disposition, left the training of the children to his wife and moodily withdrew to his newspapers at the end of the day's work. He suffered from *arterio-sclerotic heart disease*. The patient was his favorite child and he undertook to instruct him in worldly matters. The mother was inclined to be prudish and did not enjoy the same degree of confidence with her son. However, she caressed her son excessively.

Sibling relationships are of significance. The eldest son, Abe, 45 years, showed early talent for merchandizing and economically be-

came the key stone on which the family unit was built. It was to him that the family looked to get the patient out of repeated difficulties with the Law. Rebecca (age 43), a buyer for a large Chicago dress goods concern, was the only girl in the family. She closely resembled the mother and became a surrogate for the mother in the mother-patient fixation. "They have been together so much they look and act alike," the patient states. As a matter of fact, the patient, despite repeated attempts, was never able to emancipate himself from these bonds. His brother Sam, however, (age 42) was the patient's hero. As boys, they played together, licked the other kids in school and outplayed them in competitive games. Sam formed the nucleus of a strong narcissistic identification on the part of the patient. He was 6 feet 2 inches tall, weighed 197 lbs., was of such splendid physique and appearance that he was modeled by John Singer Sargent. Two paintings of him are now hung in a nationally known gallery. At the age of 17 years, Sam enlisted with the British Army and later served for 16 months in France during the World War. He was gased two days before the Armistice and *has had bronchial trouble since*. He stutters and is a sufferer from *hemorrhoids*. He is an excitable, amiable type and gains friends easily. He has been arrested several times on minor charges but is now making a better go of it as a salesman in a leather concern. He plans on entering business for himself within a few months.

The younger brother, Jake, appears to be a roly-poly irresponsible sort of individual, age 33 years, overweight, at present keeping questionable company. The patient has set himself up as an arbiter in the situation and is attempting to reform Jake. The youngest sibling, Manny, is age 31 years. Data are lacking regarding his make-up.

In brief, the resemblance between the members of this group and identifications made by the patient are as follows: Rebecca bears the closest resemblance to the mother and is identified with her, (also to a lesser extent with his second wife.) The patient of the entire entourage resembles most closely his father with whom he closely identifies himself. Close identification is also made to the older brother Sam whom he adores. Secondary identification is made with his brother Jake whom he is attempting to reform. The mistakes he made in his own feminine relationships, he is seeking to correct through his control of Jake's conduct.

The extent of these attachments and interrelationships, of course, is indicative of the immense amount of dependency upon the family

the patient has built up for himself. At a time when he should have shown some signs of choosing a career, he was completely indifferent. The mother, however, had definite plans for him and arranged (with great reluctance on the patient's part) to place him in the business firm run by his eldest brother Abe. In fact, Abe was constantly extolled to the family as being the prototype of success. He worked with Abe as a salesman and showed some adequacy whenever he chose to apply himself. Of good physique, attractive personal appearance and amiable manners, he gained friends readily but was too self-indulgent, wanted to gain not inconsiderable desires without great effort on his part, and above all, hoped to impress others of his importance to such an extent that his merchandizing talent was almost completely submerged. A dispute over commissions on sales led to his being dropped from the firm. "I notice that all the customers I got him are still with him."

Thrown upon his own resources he attempted to make a living by small time gambling. Season passes to the Chicago White Sox baseball games, obtained for him by his brother Abe, enabled him to indulge in his favorite pastime. Also it threw him in with an undesirable set. At this time, for reasons more basic than evil companionship, however, his criminal career began. One night he frequented a restaurant of questionable reputation, met a waitress and spent the night with her. He considered the incident closed but later she found that he had a good family connection and a fair prospect for obtaining money. She claimed she was pregnant by him and demanded marriage. His family was strongly opposed and pointed out that she was socially beneath him and might even be an imposer. They tried to argue him out of the situation and even offered to buy her off. The patient stubbornly and blindly married the girl against the wishes of his parents only to learn that his wife was not pregnant. Shortly after marriage, he began to notice other shortcomings in his wife. A friend spoke of her as a trollop. She failed to command respect among his friends. He then learned that she had been intimate with Chinese and negro habitués of the restaurant. He contracted gonorrhea. In a combined mood of self-pity and the desire for self-punishment and retaliation upon his parents, he decided to see the matter through even though it meant disgracing the family name. Of great import is the fact that he entered into the marriage with a full knowledge that his prospective bride was already the wife of a petty officer of the Navy and had had two children by him. His usual mode of retreat from painful situations reasserted itself and



he renewed his gambling and drinking habits. About a year after this unfortunate marriage, the pair were arrested and the patient served twelve months in the penitentiary for bigamy. His family made another attempt to reclaim him by arranging an engagement with an out-of-town girl from a family of some prestige. Her brother, however, discovered the previous marital history of the patient and the match failed to materialize. The patient was indifferent toward the girl and had no regrets over the ending of the affair. His life meanwhile had become precarious. Gambling debts caused his being jailed no less than 14 times over a period of 3 years. He usually met these debts by forging checks which his brother Abe always made good.

Shortly thereafter he met his second wife while on a trip to New York. They decided to live there. She had been previously married and had a son about 3 years of age. Her resemblance to the patient's mother, real or fancied on his part, undoubtedly placed this relationship on a mother-son basis and revived the earlier Oedipus situation from which the patient had been struggling so ineffectually for an number of years. He obtained a measure of happiness and security out of this dependency for his second wife assumed control of all their affairs. Unusual domesticity was displayed by him for he did the washing and cooking as well as cleaning up the house. He states his wife suffered from arthritis ( a prominent affliction of his mother.) The patient had been told by a lawyer friend that the first marriage was null and void hence he was in effect a single man. Consequently, he took up court action to free his name, and he entered the second marriage in apparent good faith. Some two or three years later on complaint of his alleged first wife, he was again arrested for polygamy, for which offense he is serving his present sentence. There was a son by the second marriage. The wife reports him as having been a good husband and a fair provider. He had quit his gambling habits while living with her and had made a rather uncertain living by dealing in antique furniture and performing odd jobs as he could obtain them. Upon his incarceration no money reserve was available to his wife so he became much worried about her economic status. Upon his insistent request to the authorities a Welfare Investigation was made. The report was revealing. His wife had been destitute and was on public relief for a time, then began living with a man who was amply able to provide for her. A peculiar and significant commentary is afforded on the patient's make-up by his acceptance of the situation. His wife visited him in Prison, explained the new arrange-

ment she had made and gained his ready acquiescence to it. His last worry had been solved for his wife and children were to be adequately cared for. Immediately the remaining portion of his chest pains subsided, he no longer feared death from heart disease and he came to accept prison routine with considerable equanimity.

Although much of the patient's personality make-up has become apparent in the course of this biography, certain mechanisms in effect from an early age need further emphasis. The deep affection for and dependency upon his mother has been noted. The patient's entire life has been a struggle between the need for the throwing off of this relationship by assertion of his own virility and the desire for comforting assurance, sympathy and dependency upon others. We have noted the manner in which his sister Rebecca (to whom he gave up his last cent) acted as a surrogate for his mother, and later his second wife who gave him perhaps the only period of happiness he had ever enjoyed since leaving his early home environment. The patient was never able to raise his desires for his mother above the early anal-oral erotic level. It is true that he identified himself with his father in whom he found much mutual resemblance, both physical and mental, but his moral masochism was so intense that he never achieved the phantasy of incest or patricide. That he had touched upon the fringes of such secret desire is evidenced by the unconscious realization that he should do something about his father as a competitor. He was saved the need for recourse to such active measures by the news of the death of his father from cancer. The panic caused by the exciting possibility that this release was in the wind (knowledge that something was wrong with his father because of failure to receive letters for six weeks) induced the cardiac symptomatology which we have previously outlined. The actual news of the death was received unconsciously with considerable satisfaction and with marked relief from physical pain.

Perhaps the crowning achievement in the matter of his masochistic trends was evidenced in his giving up his second wife to another man. Unconsciously he knew the duty devolved upon him as a man to support his family. Even though he were incarcerated this striving for the possession and cohesion of his family group should have been innate. The relief from worry over their economic status was uppermost and he received the news of the arrangement with evident relief. One surmises, of course, from his reaction to this situation, his son-like dependency upon his wife and the marked domesticity he showed in

home management, that the true heterosexual level had not been achieved by him.

The moral masochistic traits of which we have spoken remained dominant throughout the picture but were opposed by aggressive hostility directed against the parents for the domination he felt they held over him and the pursuit of his career. This in effect, of course, was the struggle to emancipate himself from his mother fixation. His masculinity had not been served at the family altar. Sam so much more virile and having been publicly acclaimed became at once the hero as well as the hated rival for parental affection. The patient was never able to assimilate this situation. Further aggrievance obtained from the summary way in which his life work was selected for him. He was to become the subordinate worker in his brother Abe's concern. Aggressive hostility had its greatest opportunity for retaliation in the field of marital relationships. He derived peculiar satisfaction from the degradation of himself by marriage to a woman of low character against the implorations of his mother. He knew that by this means, he could hurt her the most. The depth of this motivation can be sensed from the fact that he was willing to risk prison sentence in rushing into a marriage which could have been forestalled without any difficulty whatever. To a degree he obtained satisfaction in becoming the black sheep of the family and in despoiling the family name by frequent arrests which received much publicity.

Fixation of libidinal development at the pregenital level with emphasis upon the retention of oral and anal traits has already been noted. Early oral erotism has persisted in the form of food peculiarities. The patient frequently drinks a quart of milk at a time and may average three or four quarts a day if obtainable. An old habit taught him by his father consists of drinking hot water and milk each morning. So urgent are these needs that he refuses to go to prison mess and has entered into a partnership with an elderly inmate as they can cook the food they most enjoy. Milk and buttermilk remain his favorite foods. And traits persist in the preoccupation shown with digestive and excretory processes. It will be noted that the patient (as well as his hero brother Sam) have been operated on for hemorrhoids. It is a topic always good for a lengthy discussion - constipation was a constant affliction up to the hemorrhoidectomy. The patient now takes mineral oil regularly although he denies any constipative tendencies. No cooking has ever equaled that of his mother. His drinking habits have already been commented on.

From an analytical view point what can be said of this man's criminal tendencies? His Super Ego has not been satisfactorily or completely incorporated within the ego. The harsh tyrannical aspect of the super ego toward the ego is the result of a poorly resolved Oedipus situation.

We have found that deep mother-fixation, the identification with the father and the need to submit to the demands of a highly religious home and exacting parents have given an intense masochism which has been opposed by the aggressive hostile tendencies of a demanding ego. The Super-Ego on the whole remained the victor in the conflict but the rebellion of the ego against the constituted authority of the Super-Ego finds its expression in criminal conduct.

On analyzing the presenting complaints, it was immediately apparent that the patient did not have true cardiac pain because it was poorly localized, did not possess any characteristic radiation or relation to effort and was most severe while at rest in his cell at night. The dyspnea was distinctly functional in type being principally of a sighing nature.

Obviously this patient has organized his defense reactions as a gastro-intestinal hypochondriac. The immense significance of the possibilities inherent in the processes of ingestion, digestion and expulsions for enrichment of phantasy life should not be overlooked.

Worthy of note in this connection is the secondary physiological defense structuralization of verbalism. The father died of cancer of the throat. The patient's symptoms immediately following the news of his father's death were predominately dyspnic. Chest pain appeared soon thereafter but respiratory distress has never been completely absent from the picture.

The patient reacts to a stressful situation by withdrawal and compromise, not by direct action. That his physiological structuralization should be predominately gastro-intestinal affords excellent opportunity for swings in mood (depressive states notable), complaint formation and the expression of narcissistic trends. His symptomatology in this particular situation of impending loss of father, challenge to his virility in the support of family, and retaliation against parents through incarceration has taken the form of anxiety hysteria showing the simple phase of chest pain and dyspnoea unrelated to effort. Such symptomatology is a direct expression in physical terms without the process of elaboration and phantasy. It is not even a symbolized transformation such as characterizes the genitalization of an organ in conversion hysteria. The super-

ficiality of the patient's neurosis therefore, becomes apparent and is indicative of the deep-seated narcissism which has prevented him from libidinal investments other than the focalization upon the mother relationship. It is correct to assume that chest pains in psychogenic cases such as these are of no more pathological significance in themselves than is a cough or a headache. Also attention is drawn to the fact that certain situations in the case may yield a compromise between withdrawal reactions and the marked expressibility of muscular action, namely, verbalistic assault. The patient is thus capable of three types of pattern response as outlined above but shows in this particular instance only anxiety hysteria.

At present the patient is freer of apprehension and chest symptomatology than he has been any time during his illness, a state directly attributable to a sudden relief from economic worry over his wife and child. He is now partially convinced that his worry over heart failure is imaginary.

#### CASE II

##### *Organic Heart Disease of Long Standing - Physiological Organization Type - Skeletal Musculature. Psychological Disturbances at a Minimum - Group I*

*Diagnosis:* Hypertensive, Arteriosclerotic and Unknown Heart Disease.

*Complaints:* Inconstant precordial ache, not very severe, never incapacitating. Patient only infrequently seeks help in spite of manifestations of congestive heart failure. In addition, is only mildly distressed by head aches, dizziness, abdominal distention and constipation. These symptoms have been intermittent in occurrence since 1927 when heart disease was first discovered. He has been followed for the past two years at the cardiac clinic where the following diagnoses were established on the basis of accepted clinical and laboratory criteria: 1. Generalized arteriosclerosis; 2. Essential Hypertension; 3. Hypertension, Arteriosclerosis and Unknown Heart Disease with Enlarged Heart, Dilated Aorta, Coronary Sclerosis, Myocardial Fibrosis, Mitral Stenosis and Insufficiency, Left Bundle Branch Block, Class III D; 4. Obesity; 5. Diffuse Osteoarthritis. The patient was ambulatory and relatively free of all complaints with symptomatic therapy, digitalin and physical therapy.

O.R. age 64 years, born in Greece. Came to U.S. at age of 11 yrs. Patient recalls that his father died of pneumonia when patient was



16 yrs. old. The father was a solidly built muscular type, short in stature but possessing great strength. He gradually worked his way from platform loading to an ownership in a dray. Out of this was developed a good trucking business which eventually came into the possession of the patient. His mother died of diabetes at age of 62 when patient was 35 years old. She seems to have been of amiable disposition and considerable importance in the family livelihood for her children turned to her constantly for advice and direction in their affairs. It is characteristic of the patient, however, that he broke home ties at a very early age and became so engrossed in schemes for making his own way that he kept only casual account of the doings of his brother and sisters. He was third in order of birth among five children. One sister died of high blood pressure (apoplexy), another of cancer of the uterus. The patient began selling papers and doing odd jobs whenever he could secure them in the lower East Side of New York City. He was a stocky youngster, quite a scrapper among the older boys and evidenced a leadership over them. As soon as he was large enough, he began helping about the barn and drays. Eighteen years ago (age 42), he walked into an open trap on the second floor of his barn and fell 26 feet to the concrete floor below. His ability to work was materially diminished but he had no thought of rest. Two years later he had a dizzy attack on the street and suffered such agonizing precordial pain with profuse sweating that he could hardly make his home. Organic heart disease was discovered; complete rest and cessation from business was advised. A year or two of enforced idleness was too much for the patient, so he went back to work with the result that a second severe attack occurred. The diagnosis of a competent internist was "rheumatic heart with adhesive pericarditis and some enlargement." His report also indicated that early decompensation had occurred. Shortly thereafter, the patient suffered an attack of double pneumonia. The consulting physician added to the growing list a notation of "arterio-sclerotic process." His physical condition during his admission to Sing Sing has been outlined above. He remains frequently nauseated, with paroxysmal stabbing pain over precordium and under left shoulder blade. Sweating and dizziness occur upon the slightest exertion. He has relatively few subjective complaints.

This case has been cited as an example of advanced organic heart disease with few psychogenic symptoms. It will be noted that the patient, despite his evident disability, tends to minimize his condition. He



will admit nothing more than some "stomach trouble," and insists he is as good as he ever was. Such attitude, of course, is at wide variance with the elaboration of illness encountered in patients with cardiac symptomatology of psychogenic origin. The patient has been physiologically integrated along skeletal muscular types of reaction. He meets situations by action instead of thought. Phantasy is almost nil. It would be a relatively easy matter to overlook some psychological associative processes that exist, despite the highly extraverted type of patient. The Rorschach findings indicate that he is somewhat on the defensive regarding his heart ailment and endeavors to wish it away from consciousness by the well-known psychological mechanism of denial. He refuses to admit to himself or others that anything is wrong. The defensive attitude has been built up of short snappy replies to questions, the lack of hesitation or meditation on any topic no matter however abstruse, and a muscular tenseness indicated by awkward postures and mild physical aggression. Some memory defects (both for recent and remote events) are shown. Although these psychological changes are of no particular moment to the patient, they might easily become matters of some importance if he were still in the business field.

### CASE III

*Psychosis Masking Organic Cardiac Disease - Physiological Organization Type - Verbalistic - Group 3.*

*Diagnosis:* Psychosis with Hypertensive Heart Disease.

*Complaint:* Severe paroxysmal and exertional dyspnoea; severe stabbing pains over precordium radiating to left side of head and down entire left side of the body; insomnia and extreme weakness. For a period of 18 months following admission to S.S.P. he was kept under observation in the hospital and then discharged to the invalid company where he has remained for the past two years. Throughout this entire period, he has always volunteered symptomatic manifestations of diminished cardiac reserve. Organic disease was characterized by an old left hemiparesis which is not incapacitating; essential hypertension and dubious organic heart disease. His E.K.G. has always been within normal limits and his teleroentgenogram reveals questionable enlargement of the heart. He never volunteered any symptomatic improvement to any form of drug therapy and although he always insisted that he was growing worse, at no time has there been any change in physical or laboratory findings. His symptomology is definitely in excess of the objective evidence of disease.

C.D. age 58 years, has been under observation because of severe shortness of breath coming both paroxysmally and with exertion, most often when he was at rest or asleep. It was associated with extreme pain radiating down the entire left side of the body. He failed to respond to ordinary methods of treatment and developed a sense of resentment toward the attending physician. He continually complains about his symptoms and often calls the night nurse two or three times. Physical examination shows the presence of a moderately severe hypertension and slight left hemiplegia dating back six years.

The patient's reaction toward his own symptomatology is markedly hypochondriacal. He states the pain begins about the middle of his chest and radiated up to his shoulder and down his arm. "As soon as I lay down, I get the pain and my heart beats fast. It feels as if it's petrified. I can feel the pain but I can't feel the finger when I press it on the leg. My left arm is bound now. It catches me here (grasps throat) and closes my wind off." He states his breathlessness and pain are growing worse and he fears he is going to die. This morning when he was called in for interview, he felt he could hardly walk the distance. "Beyond the stairs I couldn't catch my breath. I try to see if I can walk it at times." Finally he states that since he has only a short time to live, "I don't care about anybody but myself now." The patient talks at great length about his infirmities, showed examiner the site of a previous operation (laparotomy) and discussed the number of times he has been under anaesthesia; his experiences while blind for 48 hours (arterial crisis in 1933).

C.D. was born in Los Angeles of Irish parentage. His father died suddenly with "pains in the chest" when patient was 13 years old. The father was a stockily built individual in the trucking business and apparently was a man of some force. (As patient discusses his father's death, he develops sharp stabbing pain in the chest which subsides as the conversation goes on to other topics). A month after the father's death, the patient had a ruptured appendix necessitating extensive drainage. He was ill for four months. This event is inseparably linked in the patient's mind with the death of his father. While the father was somewhat strict on the children, the mother was indulgent and "I was mamma's pet." The identification with the father was revealed in other ways. "I don't think there was a couple in the world as close as my mother and dad." The mother died of uremia when the patient was 38 years old.

The patient was the eighth born of 15 children. He fails to recall all of them but gives as familial pathology one brother suffering from gout and two sisters from heart trouble of long standing. A twin sister died of pernicious anemia and another sister of diabetes (overweight). He has a strong attachment to his younger brother, Roy, who closely resembles his father. The patient has named one of his children after Roy. Obesity seems to have been prevalent in the family group as Roy, only 5 ft. 7½ in. tall weighed over 250 pounds and his parents each about the same height as Roy weighed slightly less. One sister, a diabetic, was greatly overweight and the patient himself is 5 ft. 6 in. tall with a weight of 198 pounds.

During the patient's infancy, the family moved to New York City where the father made only a marginal living. The patient helped out and assumed control of the business after the father's death. The patient married at the age of 22 years and had two children by her (one dying of croup in infancy). They became estranged shortly before he was arrested as a result of quarrels over financial matters. "I don't care about my wife now."

He has a record of seven previous conflicts with the Law. Although acquisitive offenses predominate, there is one charge of non-support. He has previously served a penitentiary sentence. The present offense is that of receiving stolen goods.

Seven years ago the patient suffered an arterial crisis causing temporary blindness and leaving him with a mild left hemiplegia. Since then he has been subject to what appears to be nocturnal epilepsy. The soreness of the tongue upon awakening in the morning, the flecked and stained pillow case and at times bleeding from the nose and mouth, are described by him. This type of seizure, as is well known, frequently shows petit mal epilepsy or myoclonus on occasion during the daytime. During the interview, the examiner witnessed one such episode. Clouding of consciousness with twitching of left side of face were noted. The patient described a prodromal aura of fulness of the head (pain) circling around the right side down the neck to the left front. "When pain starts, my eyes begin to cloud, then I shake." The final diagnostic recourse in these cases is the personality equation. The so-called epileptic personality which has often been called a "Napoleonic complex," is decidedly expansive in nature. To one examiner he spoke of 40 operations, to another 60. He said that he owned outright at one time no less than 118 trucks and that he was well-off and owned a big house in

New Jersey. The Rorschach report characterized him as follows: "The outstanding character trait of this subject is his extreme need to seem important and to impress others with his importance. His life is so centered in his fanciful imagination that he finds it impossible to adapt himself to any normal situation. In essence he is an actor both to himself before others; in this sense he is certainly ambitious. Unfortunately he is not only egocentric and possessed of labile emotions but he is also aggressive. In consequence he cannot confine himself to being a mere braggart and fabulist but must seek an audience not merely for purposes of self-aggrandizement but also for purposes of exploitation. He is a-social but not in the sense of one who stands outside the limits of orderly society, having no contacts with it and with others; on the contrary, his need for contact with his fellows is great because they provide him with the audience to feed his self importance as well as to be his possible prey. He is a swindler who not only lives within the system of his own lies but probably uses them for more directly practical purposes. His needs for self-dramatization not only for its own sake but with his own advantage in view make him a menace to society. He is very near to being psychopathic and is wholly untrustworthy."

The conclusions in the light of the above data may be drawn that this patient is suffering from organic epilepsy (cerebral arterio-occlusion) with expansion of the ego to such an extent as makes the case one of psychotic depth almost requiring hospitalization. Paresis and other neurosyphilides have been ruled out. There is no evidence of arterio-sclerotic dementia. The cerebral injury, of course, released previously inhibited personality traits so one can assume that the fundamental defense reaction pattern of this individual is verbalistic. It will be recalled that physiological integration at this level to meet the demands of reality is a compromise between the active muscular aggressiveness we have noted in Case II and the passive aggressive hostility of Case I.

#### DISCUSSION

With the citation of these three cases, the ground work has been laid to a degree for the application of these principles to the treatment of offenders. In the routine of large numbers appearing at the morning sick call, there is not the time available for the laboratory investigation of each complainant. The careful physician will rely upon exacting physical examination techniques rather than on laboratory medicine, but as we have noted, subtle cardio-pathology is frequently masked

by other symptoms, psychogenic in nature. In the interests of quick segregation of doubtful cases for more extensive study, a method of procedure should be worked out that will enable the busy prison physician to cut down out-patient activities to a minimum. A few suggestions which may perhaps be of help seem to have been evolved from the foregoing study.

1. Psychogenic cardiac symptomatology (as is true also with psychogenic symptomatology of other systems) present few clear-cut symptoms. The patient tends to live out the symptoms vaguely and diffusely. These seldom approximate well-known symptoms found in organic disease.

2. The psychopath tends to exaggerate his troubles. He desires to impress the examiner with the seriousness of his disease. The organic case often tends to minimize his affliction, and although he may be in great fear and anxiety over his future, he scarcely dares admit it to himself.

3. The need for sympathy and attention as just indicated is frequently supplemented by a deep desire to escape from responsibility by a "flight into illness." One or two questions relative to the patient's attitude toward the outcome of his "disease" will make the situation clear.

4. A casual, even hurried, evaluation of the patient's personality makeup is often revealing. The verbalists and the "show-offs" are most prone to simulate (unconsciously) the syndromes of cardiopathology. Next in frequency are the hyperchondrical groups.

5. Malingering is frequently looked for in these cases. No individual who has subjective symptoms of illness is a malingerer unless he is in a professionally organized business to make money (insurance rackets). The single individual who resorts to symptomatology to gain his ends is mentally ill.

5. Finally, any obviously organic condition may have a neurosis underlying it, or vice versa.

Another characteristic of the mentally ill showing cardiac symptoms, is that symptoms almost uniformly occur at night while the patient is in his cell, often shortly after admission to prison during the period of adjustment, and very commonly just before meeting the parole board or being released from prison.

## HOMOSEXUALITY AS AN ENDOCRINOLOGICAL, PSYCHOLOGICAL, AND GENETIC PROBLEM

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Criminology is interested in the problem of homosexuality in so far as it has to protect society against sex offenders of various types. The majority of homosexuals come in conflict with the law at one time or another. It is, however, of prime importance how those criminal homosexuals should be handled by the judicial authorities. "Arrest with incarceration is of no value except as a punitive measure. It is no more logical to expect to cure a homosexual's abnormal sex instinct by eighteen months' stay in jail, than it would be to change the normal sex instinct of a normal man or woman" (Cl. A. Wright)<sup>(1)</sup>. Criminology is, therefore, interested in the question of curability of homosexuality. If homosexuality is merely the result of an endocrine disturbance, the prospect for its cure must be excellent today. If it is a psychological problem, the psychotherapeutic approach can be the only successful way to cure the inverted sex instinct. If, however, homosexuality is a genetic problem, the situation is far more difficult, though not entirely hopeless.

### I. HOMOSEXUALITY AS AN ENDOCRINOLOGICAL PROBLEM

The direction of the sex instinct towards the opposite sex is the foremost psychic secondary sex character. Since we learned that secondary sex characters depend to a large extent on the influence of the sex hormones, it seems quite obvious that the direction of the sex instinct should be influenced by sex hormones in the same way as physical secondary sex characters. It has been possible to change and invert many of those characters including the psychic ones by castration of animals and subsequent transplantation of gonads of the opposite sex. Such a transplantation can be replaced today by the administration of potent sex hormones. Steinach<sup>(2)</sup> seems to have been the first to demonstrate such a partial artificial "sex inversion" in guinea-pigs and rats.



He was also the first to promote an endocrine theory of homosexuality and to draw a therapeutic conclusion from such a theory. Steinach claimed to have found inclusions of female gonadal epithelial cells in the testicles of homosexual men. He, therefore, removed the testicles of homosexuals surgically and replaced them by grafts of testicles taken from normal men. Yet, the histological findings and interpretations of Steinach have been severely criticized and the apparent temporary therapeutic results of his operative treatment, if there are any at all, have to be considered as merely due to psychological suggestion. I have seen a complete failure in a man treated according to the procedure of Steinach. This treatment is to my knowledge not used any more.

Since different methods of assay of estrogenic and androgenic hormones in blood and urine are at our disposal, an approach of the homosexuality-problem with biochemical methods has been started. Wright<sup>(3)</sup> and Glass and McKennon<sup>(4)</sup> found various degrees of reversal of the normal androgen-estrogen ratio in the urine of homosexuals. These studies have been extended by Glass, Deuel, and Wright<sup>(5)</sup> to a larger group of cases and carried out with the more refined methods of assay now available. They found the average androgen-estrogen ratios to be lower in 17 male homosexuals than in 31 normal males. The average value of this ratio was 7.33 in homosexuals and 12.01 in normal males. These figures are statistically significant as the authors point out and my own calculation confirms. The figures for the amounts of androgen and estrogen excreted by normal men and women given by various authors differ widely. This is due to the difference in the methods used for the assay. Therefore, a comparison of the behavior of homosexual and normal men can only be made from the data obtained by the same investigators.

In order to evaluate the findings of Glass, Deuel, and Wright for our conception of homosexuality it is necessary, however, to underline a point duly stressed by the authors themselves. Wide variations were found in different assays on the same homosexual subject chiefly concerning the estrogen excretion. In the case of a homosexual, for instance, 35.00, estrogen were found in the urine one day and 1.5, another day; in another case the androgen-estrogen ratio ranged between 5.22 and 30.0 on different days. The man was obviously just as homosexual when he excreted large amounts of estrogen and little androgen, than at the time when the ratio was the opposite. Wright mentions successful treatments in cases of male homosexuals by administration of androgenic

and gonadotropic preparations. From his publication, however, it is evident only that the success concerned the normalization of the hormone assay in the urine. Nothing has been said, and in my opinion, can be said, about a clinical success of the hormonal treatment. This situation reminds one of successful treatments of basal metabolic rates instead of hyperthyroid patients. The abnormal androgen-estrogen ratio has to be considered as a sign of homosexuality but by no means as its cause. It will be discussed later in this paper what significance may be attributed and what explanation given to this interesting sign.

## II. HOMOSEXUALITY AS A PSYCHOLOGICAL PROBLEM

Homosexuality as a psychological problem is the oldest conception of this condition which received a rejuvenation by the psychoanalytical theory. According to this view, homosexuality represents the abnormal persistence of an infantile stage of sexual differentiation. The cause for the lack of transformation of the normal temporary homosexual stage of childhood into the persisting normal heterosexual direction of the adult has to be found in environmental psychological conditions. Such a theory is not acceptable, however, in its entirety because environmental psychological influences and experiences which psychoanalysts suppose to be causal factors are not uncommon in the past history of normal individuals. Moreover, the psychological treatment is so unsuccessful in the majority of homosexual cases that it bespeaks another than merely a psychological background of homosexuality.

I agree entirely with William Sadler<sup>(6)</sup> who states that "the congenital full-fledged homoerotic is never really cured." Rosanoff<sup>(7)</sup> rightfully considers homosexuality a fixed trait and its prognosis for recovery altogether unfavorable. The aim of treatment, at least as far as adults are concerned, is in his opinion not a cure but social adjustment.

According to Sadler the outlook is not as poor for milder cases, for partial homosexuals, or for acquired homosexuality "if there is such a thing." Concerning this point we may quote Rosanoff again: "To convert a heterosexual person into a homosexual one would be as difficult as to convert a homosexual into a heterosexual."

The hormonal imbalance discussed above would remain unexplained by the psychological theory. The same is true for the hereditary occurrence of homosexual tendencies together or alternating with physical signs of an abnormal sexual differentiation.

Although homosexuality undoubtedly represents a mental phenom-

enon, its causation has to be looked for in another than merely a psychological factor.

### III. HOMOSEXUALITY AS A GENETIC PROBLEM

Sex and sexual differentiation of body and mind depend upon the chromosomal structure of the fertilized ovum. Determination of sex does not mean merely the development of testicles or ovaries and the corresponding differentiation of the genital organs, but extends to all other characteristics of body and soul that are different in the two sexes. Each cell originating from the fertilized ovum and the type of its function is male or female. Long before puberty we are able to recognize a typical male or female temperament. Experienced pediatricians are able to recognize boys and girls immediately after birth, solely through a somewhat different shape of the face and head. Even before the differentiation of the gonadal anlage into testicles or ovaries can be determined microscopically, the sex of the embryo may be diagnosed from other physical characteristics.

The hormones manufactured by the sex glands exert merely a protective and intensifying action upon the sex characteristics which are potentially determined by the chromosomal structure (Halban)<sup>(8)</sup>. Such an influence starts to be effective at the age of puberty. The differentiation of the various secondary sex characters does not occur simultaneously. Each one has its characteristic time of manifestation. The growth of a beard and of hair on the chest and abdomen, the low-pitched voice in the male individual, the development of breasts and the onset of menstruation in the female take place in a regular order.

The psychosomatic unity is evident in the fertilized ovum; it becomes less evident, but, nevertheless, remains true with the progressing structural differentiation of the body. The direction of libido towards the other sex is a secondary sex character and depends on the chromosomal structure of the individual, as well. As a matter of fact, the psychosexual differentiation of an individual is more liable to be influenced by environmental psychological factors in childhood than after puberty when this differentiation has become consolidated and intensified by the cooperating hormonal influences.

Some points concerning the mechanism of the hormonal influence upon sex character have to be stressed:

A. The sex hormones manufactured by the respective sex glands intensify the differentiation of the secondary sex characteristics and

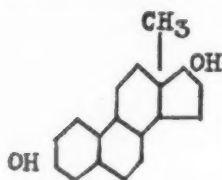
work as stimulants and a kind of lubricant for certain cerebral centers which represent the site of sexual urge. The direction of this urge, however, at least in human beings, does not seem to depend upon the hormones, contrary to the results obtained in animal experiments. This statement is based upon two instructive clinical experiences.

Kreuter<sup>(9)</sup> implanted testicles of a homosexual to a man who had been castrated on account of a bilateral tuberculosis of the testes. The man had lost his formerly normal libido. After the implantation his libido returned but did not show any trace of a homosexual direction.

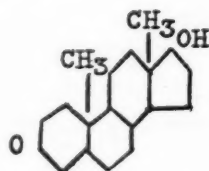
Fischer<sup>(10)</sup> treated a eunuchoid by engrafting testicular tissue taken from a normal man. The patient who had lacked in any libido before exhibited a marked homosexual desire after the operation.

B. There is no absolute sex specificity in the stimulating action of the gonadal hormones upon sex characters. Generally, the stimulation extends to the sex characters which, as well as the gonads themselves, are determined by the chromosomal structure. The gonadal hormones are intercalated as a sort of magnifier in the differentiating mechanism originating in the chromosomes. Yet, the sex hormones may exert a stimulating effect on both male and female sex characteristics in a variable degree in different species (Korenchevski et al.<sup>(11)</sup>, Yanagita<sup>(12)</sup>, Burns<sup>(13)</sup>, Noble et al.<sup>(14)</sup>). Even in the human some of the estrogenic effects may be obtained by the male sex hormones (B. Kriss)<sup>(15)</sup>. The hormone of the corpus luteum is known to produce androgenic effects (Steinach<sup>(16)</sup>, Greene et al.<sup>(17)</sup>).

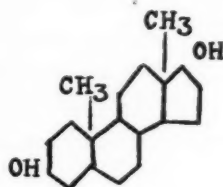
C. The juices produced by each of the sex glands do not represent unique substances, one with male, the other with female effects. There are numerous chemically related substances with a more or less marked influence on the sex organs and secondary sex characters. All of them derived from basic substances belonging to the sterol group. Butenandt<sup>(18)</sup> synthesized a substance intimately related to both estrogenic and androgenic hormones calling forth estrus in castrated mice and opening of the vagina in infantile rats, on one hand, and inducing growth of the comb in capons and of the vesicular glands in infantile male rats, on the other. The following formula demonstrates the chemical relationship of these substances.



Oestradiol  
(female)



Testosterone  
(male)



Androstendiol  
(bisexual)

The bird's testicle contains large amounts of estrin even if it consists only of Leydig's and Sertoli's cells (Seemann)<sup>(19)</sup>. R.T. Hill<sup>(20)</sup> discovered the remarkable fact that ovaries produce androgenic hormone if exposed to low temperature as it is brought about by an implantation of ovarian substance into the ear of a rabbit. He found, however, that the androgenic substance derived from the ovaries is chemically not identical with that liberated by the testes.

In this connection it is particularly interesting to note that a substance, chemically not related at all to the sex hormones and not being a sterol derivative, stilbestrol, has been found by Dodds<sup>(21)</sup> to exert a very strong estrogenic activity.

From all these facts it seems to be justified to assume that a transformation of different sterol derivatives with various sexotropic activities takes place in the body under certain circumstances.

D. It can be considered an established fact today that sexotropic substances are manufactured not only by the sex glands and that a transformation of such substances, as well, can occur in other organs than the gonads. Both male and female castrates eliminate sexotropic substances in the urine as has been shown by Bingel<sup>(22)</sup>, Hansen<sup>(23)</sup>, Hart<sup>(24)</sup>, and Dingemans<sup>(25)</sup>. Quental<sup>(26)</sup> found as much as 996 mice units of estrogenic substance per liter of urine in a male castrate whereas the normal values would be 10-200 mice units according to the author.

If the testosterone is administered to eunuchs (Hoskins) et al<sup>(27)</sup> or to female castrates (Nathanson)<sup>(28)</sup>, the excretion of increased amounts of both androgenic and estrogenic substances has been observed. The suprarenal cortex has been assumed by Hoskins<sup>(29)</sup> to produce the androgenic hormone in castrates.

E. The masculinizing effect of the corpus luteum-hormone has been mentioned above. A similar hormone has been obtained from the suprarenal cortex by Pottenger and Simonsen<sup>(30)</sup>. It was found to cause an increase in the weight of the testicles, to stimulate spermatogenesis, and to produce an atrophy of the uterus. On the other hand, Hoffmann<sup>(31)</sup> has been able to extract from the cortical substance of the adrenal glands a gonadotropic hormone which stimulates the ovaries of infantile rats, increases the effect of prolactin, and promotes the production of corpora lutea.

It is well known that cases of cortical tumors of the suprarenal gland can call forth a marked inversion of sex characters, both in female and male. The available data concerning the excretion of sex hormones in



such cases do not permit, however, to explain the tendency to sex inversion in these cases of "interrenalism" by an excess in the production of the inverse sex hormone, although such an excess is to be found in some of the cases. Thirteen years ago, the clinical facts induced me<sup>(32)</sup> to assume that the suprarenal cortex supplies the organism with a sex hormone which stimulates and intensifies the development and the maintenance of the sex characteristics in a similar way as the gonadal hormone. In contrast to the gonadal hormone, however, the interrenal or cortical sex hormone has a protective action upon the normally suppressed characteristics of the opposite sex. Whether or not we are able to substantiate this theory by an exact assay of the respective hormones, this theory seems to be the most satisfactory explanation of the criminal facts today. W. Schilder<sup>(33)</sup> has accepted my explanation in his studies on masculinizing tumors in women.

We come to the conclusion that homosexuality has to be considered as a genetic problem which, as a matter of fact, includes psychological and hormonal factors as well. The basic unrelying cause of homosexuality is an abnormality of the chromosomal structure with a subsequent sexual differentiation of certain cerebral functions, extending, however, to other functions and structures of the body in a variable degree. It may be considered as a special variety of intersexuality localized in the brain just as gynecomastia represents a localized intersexuality of a different site. If female body proportions and morphological traits are to be observed not infrequently in male homosexuals A. Weil<sup>(34)</sup> and a more male type of body-built occurs in many female homosexuals, then this fact fits well into our conception of homosexuality. There are all intergrades, from a true hermaphroditism representing the effect of a lack of prevalence of each of the sex determiners, to the slightest varieties of intersexuality characterized, for instance, by a heterosexual type of distribution of the pubic hair or by certain psychological features.

Our conception of homosexuality enables us to understand that in spite of the presence of morphologically normal gonads the production of the specific sex hormones in the body does not necessarily correspond to the normal. We can understand that the ratio of androgenic estrogenic hormones may as well deviate from the normal as many other structural and functional characteristics of the sex. As we learned, the different sterol derivatives with various sexotropic effects are liable to transformation in the body and the site of this transformation is not



necessarily limited to the sex glands. We can understand the results of the studies of Glass, Deuel, and Wright: great variability in the output as in normal individuals and the altered ratio of androgenic estrogenic hormones only to be found statistically but not characterizing the individual homosexual. This is exactly the same situation as in regard to the general body-built. A somewhat heterosexual type of body-built is to be found as a characteristic of homosexuals statistically only, but does not characterize the individual homosexual. As well as the altered hormonal ratio this is a concomitant expression rather than a causal factor of homosexuality.

Only the genetic conception of homosexuality can explain the fact that different kinds of intersexuality both physical and mental occur as a hereditary trait in certain families. My former co-worker Berta Aschner<sup>(35)</sup>, described several families in which rudimentary types of intersexuality occurred together or separated from each other in different members of the family. Such varieties of intersexuality were: homosexuality, transvestitism, tendencies for occupations usually appropriate to the other sex, and more or less marked somatic features of an abnormal sex differentiation.

It is extremely interesting that Wright<sup>(1)</sup> reports the case of uni-ovular twins, one of whom being homosexual with an abnormal androgenic estrogenic ratio, the other being normal in every respect. Such an occurrence is somewhat analogous to the pair of uni-ovular twins of different sex reported by Guldberg<sup>(36)</sup>. If various organs of one individual may show, exceptionally, a different sexual differentiation and if even one individual may develop testes and ovaries simultaneously, why should such an abnormal sex differentiation not occur separately in two individuals both originating from the same group, the same chromosomal constellation?

As far as the prognosis of homosexuality is concerned, our genetic conception does not give a favorable outlook. "Heredity determines what one can do, environment determines what one does do." (J. McKeen Cattell<sup>(37)</sup>). Undoubtedly, the full-fledged homosexual is never really cured. Not all cases of homosexuality, however, are full-fledged. Fortunately, there are quantitative intergrades not only of the physical but also of the mental sex differentiation. The actual manifestation of these particular cases depends largely on environmental influence. The treatment of these cases has to be psychological and may, under certain circumstances, be supplemented by hormonal therapy. The earlier such

a treatment is initiated and unfavorable environmental factors are eliminated and counteracted, the better the chances for a therapeutical success.

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A SURVEY OF ONE HUNDRED SEX OFFENDERS  
ADMITTED TO THE BOSTON PSYCHOPATHIC HOSPITAL\*

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AND

JOSEPH J. MICHAELS, M.D.\*\*

The primary purpose of this study was to determine the incidence of psychobiopathic traits in a group of sexual offenders admitted to the Boston Psychopathic Hospital. The prolonged persistence of enuresis, nail biting, thumb-sucking, temper tantrums, and speech impediments has previously been shown<sup>(1)</sup> to represent a reflection (individuation) of an ill-balanced personality. These aberrant characteristics were noted to occur more in combination than in isolation, and enuresis could be regarded as a possible common indicator of the type of symptom complex. Data as to these specific factors were not complete but seem worth reporting.

In the three years between 1934 and 1937, 804 individuals were referred from the courts to the Boston Psychopathic Hospital for observation. Of the 804 individuals, 100 or 12.4 per cent were charged with a sex offense. Among these sex offenders, there were 90 men and 10 women. The ages of the men ranged from 12 to 77 years, the mean being 37.3, whereas the female range was 18 to 44 years with a mean of 27.1. Twenty-five of the men were married, 2 separated, 3 divorced, and 53 single, whereas one of the women was married, 3 separated, 1 divorced, 5 were single, and 7 were widows. Among these patients, 20 were of Irish extraction, 28 English, 18 mixed, with the remainder scattered among 13 other nationalities. Considered with regard to occupation, 7 were engaged in business ventures, 70 in skilled and unskilled labor, 9 in professions, and 14 in miscellaneous occupations, or were unemployed.

The courts which referred these individuals to the hospital were particularly interested in knowing first, whether or not there was any

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evidence of mental deficiency, and secondly, was the accused suffering from a psychosis? Fourteen men and one woman, or 15 per cent had psychometric ratings below 7 (14 year level taken as standard) and were considered mentally deficient. For the whole group, the intelligence quotient varied from 43 to 128 for the men with a mean of 92, and 65 to 100 for the women, the mean being 80.7. Seven of the patients were psychotic and were committed to hospitals for the insane. Thus, twice as many patients were mentally deficient as were psychotic.

These one hundred individuals were sent to the Boston Psychopathic Hospital charged with thirteen different types of sexual misconduct: exhibitionism, lewdness, voyeurism, sodomy, rape, incest, fellatio, assault, fetishism, fornication, delinquency by reason of assault or indecent conduct, larceny and idle disorderly (sexual) conduct. These 13 types were distributed as follows, (1) 38 had practised sexual perversions, (2) 24 were accused of sexual assault and rape, (3) 22 of lewdness, (4) 7 of incest, (5) 5 of fornication and (6) 4 of delinquent sexual behavior. The discrepancy between the terms of the legal accusations and the patient's confidential statements as to their participation was striking. Only 12 of the patients readily admitted their sexual misconduct. In half of the cases, the reliability of the persons who gave the anamneses could be questioned. Twenty-two of the patients accused of indecent exposure maintained that they were apprehended while urinating, 6 recurrent offenders had a previous court record of charge of indecent exposure. Fifty-three patients were alcoholic and an equal number had previous court records for either sexual misconduct or some other delinquent act. Of the 53 patients who were alcoholic, 32 had been previously arrested for some delinquent act compared with 21 of the 47 who were temperate. Complete data regarding psychobiopathic traits were lacking. In the 51 cases on whom reliable information as to enuresis was available, 11, or 21.5 per cent, gave a history of prolonged enuresis.

#### DISCUSSION

It is evident that we are dealing with a highly selected sample of individuals who were forced into the hospital for observation on legal charges. The lack of uniformity in the history-taking handicaps the statistical analysis in not furnishing sufficient data. In a study of this type, one can only describe the static facts and feel at a loss to offer any dynamic interpretation. The findings which do stand out, however, are: (1) the high incidence of sex offenders among the male sex, 90 out of

100. This tendency, although not as extreme in general as is reported here, seems to prevail in alcoholism and delinquency. In clinical experience, one finds that the problem of homosexuality is more prevalent in women than in men. The discrepancy as to the males being predominantly involved for legal reasons is a complex problem. In a previous study<sup>(2)</sup> one of us, and Goodman, found a triad association of male psychopathic personality, and persistent enuresis which we felt warranted further intensive investigation.<sup>(2)</sup> The high degree of alcoholism (over half of the cases) speaks for a close fundamental relationship in the etiological factors underlying alcoholism and sex perversion. Psychoanalytically, it is known that both conditions are related to pregenital fixations. Where a type of reaction has a constant tendency to repeat itself as in the sex offender and in the delinquent, one may be sure that a very early phase in the development of the personality has been affected<sup>(3)</sup>. In only fifteen patients was the intelligence rating below normal. This tends to corroborate what has been so often maintained clinically, *i.e.*, that the intelligence quotient belongs to the static sphere of the personality and gives little, if any, index of its dynamic (emotional) aspects<sup>(3)</sup>. Freud<sup>(4)</sup> has long maintained that "the behavior of a human being in sexual matters is often a prototype for the whole of his other modes of reaction to life." One can anticipate that serious maladjustments in other spheres of behavior are to be found in these sex offenders. Thirty-five were considered to be constitutional psychopathic personalities.

#### SUMMARY

1. Among 804 patients referred from the courts to the Boston Psychopathic Hospital from 1934 to 1937, one hundred, or 12.4 per cent, were sex offenders. Of these, 90 were men. The psychometric rating of 15 individuals was below 70, and 7 were considered suffering from a psychosis. There was an incidence of persistent enuresis in 21.5 per cent in 51 cases where this information was available.

2. There were 6 main types of sexual offenders: 38 with sex perversion, 24 were accused of sexual assault and rape, 22 of lewdness, 7 of incest, 5 of fornication, and 4 of sexual delinquency.

3. Fifty-three of the 100 patients used alcohol to excess and an equal number had previous court records. This is suggestive of a close fundamental relationship in the etiological factors underlying alcoholism and sex perversion.



4. Seventy-three of the patients were grouped with the behavior disorders<sup>(88)</sup> and constitutional psychopathic personality<sup>(89)</sup>.

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## A READING AND SPEECH DIAGNOSIS CHART FOR INMATES IN CORRECTIONAL INSTITUTIONS

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Reading and Speech problems are to be found in abundance in the average penal population (which includes intellectual normals and sub-normals and both foreign- and native-born illiterates). These problems are to be found to a greater degree in institutions for defective delinquents (segregation of the defective delinquent from the general criminal population is provided for in but two states, Massachusetts and New York) because of the ramifications of possible disorders among aphasics as listed in the literature and summarized in a previous paper by this writer.<sup>(1)</sup> That Reading as a tool subject and Speech work as a phase in educational and social achievement<sup>(2)</sup> must be re-adapted from the viewpoint of a teacher in an adult correctional institution becomes sharply delineated on the basis of various educational and psychological statistics on the criminal populations throughout the country. In 1915, Goddard<sup>(3)</sup> stated, "The results of the most careful studies indicate that somewhere in the neighborhood of 50 per cent of all criminals are feeble-minded." In the early days of mental testing it was hastily concluded that criminals were feeble-minded. When, however, following the World War, it was possible to apply group intelligence tests--standardized on upwards of a million soldiers--to a large number of convicts in American prisons, it became clear for the first time that adult prisoners show about the same distribution of intelligence as the adult male population. However, persons convicted of "crimes against the person" showed a slight inferiority to the draft army. On the other hand, prisoners convicted of "crimes against property" showed a slightly higher distribution of intelligence than was shown by the draft army.<sup>(4)</sup> Illit-

(1) Owens, C.D. "An Eight Weeks' Experiment in Silent Reading Among Forty-Three Unselected Male Adult Defective Delinquents." *Journal of Criminal Psychopathology*, I:1-23, July, 1939.

(2) Owens, C.D. "Demosthenes in Prison," *The Speaker*, May, 1939, discusses the social and economical value of speech improvement for prisoners.

(3) Goddard, H.H. *The Criminal Imbecile*. MacMillan Co., N. Y., 1915.

(4) Murchison, Carl. *Criminal Intelligence*. Clark University. 1926.

eracy among prisoners in New York State was the starting point in the establishment of penal education when Rev. Jared Curtis inaugurated the prison sabbath school and became the first resident chaplain at Auburn prison. Later, in 1847, two secular instructors were appointed to serve under the chaplains in each of the three prisons.<sup>(5)</sup>

The picture today of the two largest agencies handling prisoners in the United States,<sup>(6)</sup> Federal prisons and camps and New York State, establishes the following on the degree of feeble-mindedness and illiteracy among their charges.

*Federal prisons and camps.*

In 1937, there were 467 defective delinquents at the Springfield Medical Center, Missouri. This number represented a gradual increase: from 286 in 1935, and 374 in 1936.<sup>(7)</sup> The illiterates comprised a total of 1,052 of a grand total of 11,488, or, 9 per cent of the group.<sup>(8)</sup>

*New York State*

From 1932-1935, Branham<sup>(9)</sup> made a study of 3,115 inmates in the following New York State prisons: Attica, Auburn, Clinton, Great Meadow, and Sing Sing. Data revealed that 16.3 per cent were feeble-minded. At Elmira Reformatory, Breguet<sup>(10)</sup> for the period of 1935-1936 found that the feeble-minded constituted 10.1 per cent in his summary of the one thousand case histories being examined. No mention was made in either report on the degree of illiteracy.

Later statistics on the penal population of New York State show:<sup>(11)</sup>

"The population of all institutions carrying on educational work averaged 12,528 inmates per month.

"The educational enrollment in all institutions averaged 6,249 inmates per month. This is almost fifty per cent of the population.

"Academic education enrolled an average of 2,684 inmates monthly. This is 43 per cent of the total educational enrollment and 17 per cent of the total population.

(5) Foreword. *Correctional Education Today*. American Prison Association, 1939.

(6) *The World Almanac*, 1940, p. 522. Federal prisons and camps 14,859 and New York State 10,082 daily average (as of 1936, source: United States Bureau of the Census).

(7) *Federal Offenders*, 1936-37. Bureau of Prisons, United States Dep't. of Justice. Washington, D. C. p. 112.

(8) *Ibid.* p. 240.

(9) Branham, V.C., and Brooks, J.J. "The Psychiatric Data Punch Card." *Journal of Criminal Psychopathology*, 1:34-52, July, 1939.

(10) Breguet, Rene. "Preliminary Survey of 1,000 Case Histories of Inmates of Elmira Reformatory." *American Journal of Medical Jurisprudence*, Oct., 1938.

(11) Wallack, W.M., Kendall, G.M., and Briggs, H. *Education Within Prison Walls*. Teachers College, Columbia University, New York, 1939. pp. 179-182.

"The median M.A. of the total population (14,434 inmates) all institutions was 12-11 (I.Q. 85.5). The median M.A. of all inmates (5,681) enrolled in organized education was 12.9 (I.Q. 84.5).

"The population of Albion, Napanoch, and Woodbourne (institutions for defectives) were all below M.A. 9-9 and I.Q. 65. About 50 per cent were below M.A. 9 and I.Q. 60.

"The median educational achievement as determined by standardized tests for all inmates was 6.6 grades. Omitting the institutions for defectives, the median is 7.0 grades.

"The large majority, about 72 per cent, have less than an eighth grade education. Almost ten per cent (9.4) of all inmates were rated illiterate. Illiteracy is here defined as rating below 8 years 5 months in educational age (below third grade) on standardized educational tests."

While present-day reports show that the average criminal population approximates average intelligence and is of fair education, at the same time they show that a certain sector of the criminal population needs special handling in the educational problems of Reading and Speech. According to MacCormick,<sup>(12)</sup> "The prisoner, moreover, does not differ as greatly as is popularly supposed from the general run of humanity. Because he is a prisoner, he will not think exactly as the man on the street does. Because he is in prison, he will have to overcome certain handicaps that he does not encounter outside. But, he is surprisingly like the man on the street in his interests, his needs, his limitations, and his capabilities. The penal population does not represent the general population, but it is a fair cross section of the lower ranges of society where bad environmental conditions and limited opportunities prevail."

If a percentage comparison of the statistics on feeble-mindedness and illiteracy in the Federal prisons and camps (illiteracy, 9 per cent<sup>(7)</sup>) and in New York State (feeble-mindedness, 16.3 per cent,<sup>(9)</sup> and 10.1 per cent;<sup>(10)</sup> illiteracy, 9.4 per cent<sup>(11)</sup>) is made with general population statistics (feeble-mindedness, .07 per cent;<sup>(13)</sup> illiteracy, 4.3 per cent<sup>(14)</sup>), it is apparent that higher percentages of feeble-mindedness and illiteracy are to be found in the penal population. Healy<sup>(15)</sup> in the United States and Burt<sup>(16)</sup> in England included in their categories of causes contributing to criminal careers those of mental dullness and extreme educational defect. The problem of these two groups indicates that the philosophy of penal education needs to incorporate a standard of simplification of subject matter which, however, must be appealing to adults.

(12) MacCormick, A.H. *The Education of Adult Prisoners*. National Society of Penal Information, New York, 1931. p. 16.

(13) *Mental Defectives and Epileptics in Institutions*. Bureau of the Census. Washington, D.C., 1927. Mental defectives on books at the beginning of the year in the United States: in institutions, 76,113; in family care, 799; on parole, etc., 11,778. The

Introduction states that the figures *do not* include those mental defectives "living at large in the community, in hospitals for mental disease, in penal institutions, or in other institutions, not designed primarily for the care of mental defectives.—It should be clearly recognized, however, that the statistics here presented do not furnish even an approximate measure of the total number of mental defectives and epileptics, either in the country as a whole or in the various States. Not all mental defectives and epileptics are in institutions devoted to their treatment and care. The vast majority of them are not confined in institutions but live at large in the community. Many others are inmates of prisons and reformatories; some are in the almshouses; and some are confined in hospitals for mental disease."

The same conditions obtain, more or less, on penal statistics, *i.e.*, there are many who have committed a crime or crimes who have not been detected, or convicted, *etc.* The criterion used is a comparison of those "on the books" in each group.

(14) *The World Almanac*, 1940, p. 564. (As of 1930, source: United States Bureau of the Census.)

(15) Healy, W. *The Individual Delinquent*. Little, Brown and Co., Boston, 1915.

(16) Burt, Cyril L. *The Young Delinquent*. D. Appleton and Co., N.Y., 1925-1931.

The literature is replete with instances of the relationship of school maladjustments, especially in Reading and Speech handicaps, which lead to truancy and the beginning of a criminal career,<sup>(17)</sup> and sibling rivalry and parental disdain.<sup>(18)(19)</sup> However, little is presented in the literature on techniques of approach and methods of teaching those in the groups under discussion. The resolution of some of the various difficulties in learning to read and speak well will do much toward the re-socialization and economic adjustment of the individual inmate. Modification of social behavior patterns by improvement in reading and speech so as to prevent ridicule with its possible results of seclusion, introversion, *etc.*, becomes a feature in a plan of education provided for the intellectual subnormals and illiterates. This would mean that on their return to society they would be able to function at a higher level and live more efficiently.

The limitations of this paper are such as to prevent a discussion on the various theories of the elements in the chart. These are discussed at length in the literature. A bibliography is given below for further investigation.<sup>(20)</sup>

To indicate the value of a continued check on an individual in a class is superfluous. However, while a chart as is proposed takes considerable time for the examination, the expenditure of this time becomes meaningful in the recitation of the following case histories.

(17) Bender, L. and Curran, F.J. "Children and Adolescents Who Kill." *Journal of Criminal Psychopathology*. 1:297-322, April, 1940.

(18) Preston, Mary I. "The Reaction of Parents to Reading Failure." *Child Development*. 10:173-179, Sept., 1939.

(19) "The School Looks at the Nonreader." *Elementary School Journal*. 40:450-458, Feb., 1940.

*Case one.* This man was the last born child in a family of eleven children. No untoward circumstances attended his birth. As a youth, he went to school from 6 to 8 years of age. He was often absent, was left handed, and never got out of first grade. He reports that he was laughed at by the other pupils and ridiculed by his teacher for his stuttering, hence, he "played hookey." While he claimed a 6A education during his admittance examinations, he has told the writer that he said this because he did not wish to be considered "dumb." He had been orphaned several years before attending grammar school and had been taken in by a step-brother. This step-brother beat him cruelly. Letters on file from his sister state: "J. will carrie them scars his drunken brother gave him to his grave." "He (the step-brother) beat him bad and made him work like a 16 yr. old." "He (J.) weren't allowed to play with the other children there was to much work to do on the farm." The emotional, social, and educational maladjustments suffered by this man during the years five through nine were such as to produce the serious case of stuttering he presented when he came to our classes. His I.Q. when admitted was 83. Work reports from former employers indicate that he was a good, willing worker, very neat and clean but not trustworthy or truthful. He was resentful if corrected. He has had two previous convictions before his present term of ten years for unlawful entry and stealing clothing. He was paroled from his present sentence from another institution. He had several farm jobs and once reported that he was forced to quit one of them as he was accused of stealing \$20.00 from his employer. That he was falsely accused was shown when the local grade school teacher reported that the farmer's ten-year-old daughter had had considerable money and had been treating all of the children of the school in a grandiose manner. A number of other positions held by him climaxed in his being released because of fighting with the other employees. "They'd get me so--- mad, I couldn't talk at all and then I'd fight." He was returned as a parole violater for stealing a car with some other boys and going for a joy ride. Later he appeared in the institution from which this paper emanates. An introductory statement in the classroom was, "Six years ago I was lucky if I could say three words in fifteen minutes." The handedness of the inmate was changed through exercises in writing and other activities. Much time was devoted to discussions on emotional control and enactments of situations to impress on him what his appearance must have been in certain situations which were in his personal history. Corrective speech therapy coupled with the previously cited approaches seemed to relieve his tension. He has made remarkable progress so that at the present time his stuttering appears but briefly on certain occasions. The psychiatric-psychological reports indicate that he has a good performance level with good sensori-motor coordination. His progress in school, both in speech work and in subject matter, was so noticeable that it was decided to give him an opportunity to learn to typewrite. Time was assigned him, the mechanics of the typewriter were explained, and a self-instruction book given him by the writer. By his diligence he learned to typewrite using the touch system in a few hours' practice each day in roughly three months.

(20) Cole, E.M. "Disabilities in Speaking and Reading." *M. Clin. N. Am.*, 20: 607-616, May, 1938.

Currier, F.P. "Certain Reading Disabilities (in Left and Righthandedness) as Related to Speech." *J. Michigan Med. Soc.*, 37:414-418, May, 1938.

Hanse, A. "Mirror Writing-Left Handedness and Alexia." *Arch. f. Psychiat.* 93:34-45, 1931.

Hopkins, G.H. "Defects in School Children Especially in Relation to Left and Righthandednes." *Rocky Mt. Med. J.*, 35:218-222, March, 1938.

Kerr, James. "Left-Handedness and Mirrored Writing." *School Hygiene*, 11: 37-48, 1920.



**CHART\***

Name of inmate  
Examiner

Number  
Date

**ANALYSIS OF READING ABILITY**

**I. Unilateral dominance**

**A. Eyedness**

1. Eye used to sight	Left	Right
2. Eye used to wink (mark opened eye)	L.	R.
3. Eye used to look through hole in card	L.	R.
4. Eye with better acuity	L.	R.

**B. Handedness**

1. Hand used to write	Left	Right
2. Hand used to pick up an article	L.	R.
3. Hand used to bat ball	L.	R.
4. Hand used to guide reading	L.	R.
5. Hand used to scratch head	L.	R.

**C. Footedness**

1. Foot used to kick ball	Left	Right
2. Foot used to hop on	L.	R.

**II. Discrimination of letters (allow appeals to all memories)**

**A. Printed**

1. Lower case (did not recognize encircled letters)

a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s,  
t, u, v, w, x, y, z.

2. Upper case

A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q,  
R, S, T, U, V, W, X, Y, Z.

**B. Written**

1. Lower case

a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s,  
t, u, v, w, x, y, z,

2. Upper case

A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q,  
R, S, T, U, V, W, X, Y, Z.

**III. Auditory discrimination**

sky-sly	am-ham	from-front
paste-waste	toast-boast	coat-coal
bark-park	some-some	gave-save
chair-hair	seed-seat	gate-wait
food-fool	fall-fault	hot-shot

\* This material is crowded to save space.

## IV. Eye movements

## A. Type of reader

1. Reads by spelling many words orally or silently.
2. Reads word by word.
3. Reads by phrases.

## B. Regressions per line

Line 1 , Line 2 , Line 3 , Line 4 , etc.

## C. Hesitations and assistances

Examples

## V. Observed errors in reading

## A. Faulty consonants

## B. Faulty vowels

## C. Reversals

1. Letters
2. Sequences of letters
3. Sequences of words

## D. Omissions of sounds

## E. Substitutions

## F. Additions of sounds

## G. Repetitions of words

## H. Omissions of words

## I. Additions of words

## VI. Vocalization

## A. Appeals to auditory memory (oral)

1. Examples

## B. Appeals to motor memory (silent)

1. Examples

## VII. Visual memory

## A. Reading of figures

## B. Reading of letters

## C. Continued failures

## ANALYSIS OF SPEECH ABILITY

## I. Exercise

A. at	K. now	U. send
B. arm	L. use	V. sent
C. hate	M. sum	W. leg
D. each	N. thin	X. led
E. met	O. think	Y. led
F. chew	P. dark	Y. dime
G. it	Q. bark	AA. school
H. mine	R. park	AB. wife
I. no	S. tar	AC. rat
J. fun	T. far	AD. right

- II. Chosen graded paragraphs
  - A. Results
- III. Physical defects of articulation
- IV. Naming of pictures

ADDITIONAL INFLUENCES AFFECTING EXAMINATION

- I. Previous environmental history
- II. Parole board. Met recently. Meet soon.
- III. "Outside" relationships—no word from home, trying to get a job, home problems.
- IV. Recent hospitalization, punishment, etc.
- V. Recent trouble with civilian or other inmate.
- VI. Attitude toward examination.
- VII. Other.

DIAGNOSIS AND SUMMARY

*Case Two.* This man had two previous suspended sentences and had served one term—all for burglary. His present sentence is from seven and one-half to fifteen years for burglary. While he claimed an eighth-grade education, a check-up revealed that he had gone to school from six to sixteen years of age and had gone only so far as the 3A grade. He repeated several grades and then spent nine terms in the ungraded class. Yearly his scholastic report carries the notation that he was not interested in *anything* or in *reading, writing, and spelling*. His case record contains a statement that he committed the crime for which he is serving his present sentence so that he could be "sentenced to prison so that he could learn to read and write." His I.Q. on admittance was 60. He entered school as soon as possible after his arrival at the institution. He was determined to learn to read and write as he received personal letters which he wanted to be able to read and answer himself. When an experiment in silent reading was set up, this case proved to be the most interesting of those participating. Although he had been attending the classes for several months, when the initial examinations were checked it was found that he was unable to score on any of the tests given. His reading was observed to be very laborious; his spelling ability was practically nil. He would attempt to spell words but the effort would amount to nothing but a few letters of the alphabet chosen at random. He could not recite the letters of the alphabet and could recognize but a limited number of the upper and lower case letters. Special work in phonetic families aided his reading and work in the glosso-kinesthetic factors of the oral cavity has definitely improved his spelling ability. Oral, visual, and kinesthetic sensory appeals were made to him. At the end of the experiment he attained an average grade score of 3.1 which would place him in the literate class according to the definition of literacy as used by the Department of Correction of New York State.

This inmate's attitude in every way changed for the better and it would appear that much good has actually been accomplished and that rehabilitation efforts have been constructive.

SUMMARY

The educational problems of Reading and Speech are shown to be important in the schema of rehabilitation of illiterate and feeble-minded prison inmates. Comparative statistics indicate a higher percentage of illiterates and feeble-minded among the average prison population than

among the general population. The failure to master Reading and to overcome Speech defects has promoted truancy, begun criminal careers, aggravated sibling rivalry, and developed parental, schoolmates' and teacher's disapproval and rejection in early childhood. The resultant emotional, intellectual, and social conflicts have been contributory to the development of antisocial individuals. The elimination of some of the causes of failure to learn to read and of speech defects by a teacher in a prison may aid in the re-orientation and re-socialization of an incarcerated man when he returns to society. The chart in this paper is suggestive. It has been used to considerable advantage on a number of occasions. Two case histories (one of a stutterer who was faced with numerous conflicts as a child, the other an apparently hopeless illiterate from the viewpoint of the schools to which he had gone) are presented.

#### INTERPRETATION OF THE CHART

##### READING ABILITY

- I. Unilateral dominance is the term used to describe the dominance of one of the hemispheres of the brain over the other in learning to read. These tests will assist in determining the establishment of such dominance. A mere majority of the use of one eye or hand indicates a need of exercise.
  - A. Eyedness.
    1. Have the inmate sight along a piece of board to determine if it is planed straight. If the left eye is used to look through mark the word "Left," if the right eye is used, mark the word "Right."
    2. Have the inmate wink, mark the "L" or "R" according to which eye is open.
    3. Punch a hole through a 5" x 7" card. Instruct the inmate to look through the hole with one eye only. Card to be held a distance of two inches from the tip of the nose. Mark "L" or "R" according to the eye chosen to peer through.
    4. Eye with better acuity should be determined by the resident physician or ophthalmologist.
  - B. Handedness.
    - 1-5. Have inmate do the various items mentioned. Care should be exercised in numbers one and four that instructions are not given when one hand may be nearer to an article or in motion. Mark hand chosen in each instance.
  - C. Footedness.
    - 1-2. Have the inmate do the items mentioned. Mark foot chosen in each instance.
- II. In the discrimination of letters, a card showing the printed upper and lower case letters as well as the written upper and lower case letters is used. The examiner points to the various letters, appeals are allowed to all memories, and the failures are encircled on the chart.
- III. The ability of the inmate to hear and imitate variations in sound is tested in this division. The inmate stands several feet from the examiner. His back is toward the teacher. Words are repeated in pairs and the mispronounced pairs are encircled.

- IV. A simple device to test eye movements, regressions, and hesitations is to place a mirror on the opposite side of the book, the inmate sits on one side of a table, the examiner on the other, the book faces the inmate. The type of reader the inmate is can readily be determined by this method. Standardized graded selections such as found in readers or such sets as : Elementary Iowa Silent Reading Tests, Metropolitan Achievement Tests (Primary Reading Test), Haggerty Reading Examination (Sigma 1), Sangren-Wilson Instructional Test in Reading Grades, or the Gray Oral Reading Check should be used.
- V. On the basis of the oral reading attempts in IV, the subordinate categories in this grouping should be listed. Examples should be given.
- VI. On the basis of the silent reading attempts using graded materials as in IV, the subordinate categories in this grouping should be listed. Examples should be given. When the inmates whispers all the words so as to appeal to the auditory memory, or when his neck muscles move showing that he is not doing actual silent reading, these should be indicated.
- VII. In this grouping appeals to the auditory and kinesthetic memories should not be allowed. Cards showing figures and letters should be placed facing the inmate. Failures should be indicated. A further list of failures after allowing appeals to the auditory and kinesthetic memories should be made.

#### SPEECH ABILITY

- I. Give the inmate a list of the words indicated. Have him sound the words listed. Mark after each word either: muffled, accented, or distinct.
- II. Have the inmate read chosen graded paragraphs. Indicate deficiencies such as: lisping, stuttering, stammering, slovenly speech, baby talk, improper phonation, tongue tie, lalling, falsetto voice, *etc.*
- III. Indicate physical defects affecting speech such as: cleft palate, hare lip, enlarged tongue, protruding teeth, large teeth, overshot jaw, *etc.*
- IV. The naming of pictures eliminates the possibility of reproducing a word sounded by the examiner. Hand the inmate pictures of various items familiar to average experience, or use those of institutional life if such are available. List types of speech errors.

## THE PENNSYLVANIA PLAN\*

### INTRAMURAL TRAINING IN PENAL-PSYCHIATRY

*Address by P.Q. Roche, M.D., before the 69th Annual  
Congress of the American Prison Association,  
October, 1939, New York City.*

Only today is penology yielding to the impact of concepts which have revolutionized hospitals and asylums during the past one hundred years. Several hospitals which were founded in America about 1750 were not utilized for research purposes until over three-fourths of a century after their establishment. Similarly, asylums founded about 1800 were not used for clinic purposes for another 75 years. Today, physicians are studying the causes of diseases and laying the groundwork of new treatment in the same hospitals and asylums that yesterday were used only for boarding the sick. For the first 150 years of prisons in America the emphasis had been custodial, but today we are experiencing the evolution to the clinical and the investigative.

By his cultural setting and by his narrow concept of his real function, the physician was formerly compelled to be a keeper, rather than a clinician or an investigator; today, with the newer knowledge of mental medicine, he is taking part in studying the problems of social

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\* The JOURNAL takes especial pleasure in reprinting the ensuing article which deals with a plan for the intramural training of personnel to provide Psychiatric service in penal institutions which seem to be incapable of being supplied in any other manner. Workers in this field have long recognized the need for intensified individual investigation of each separate offender. Various factors, among which the economic one looms large, have interfered with attaining adequate service for such investigations. The Pennsylvania Plan not only remedies this defect to an extent but establishes a standard of specially trained personnel for the service that can be obtained in no other way. Under the present system of filling available psychiatric positions in the correctional institutions, psychiatrists, whose training for the most part has been exclusive of any contacts with offenders, are obliged to work for a year or more before these handicaps can be overcome and a knowledge of the specific field be obtained. Obviously, crime is of such importance to the community that any attempt to find means for lessening the incidence of antisocial conduct must be given the most careful consideration. It is with this noteworthy object in mind that the JOURNAL presents what appears to be the most outstanding effort in this direction that has come to our attention to date. The Philadelphia County Medical Society on whose behalf this article is published announces that a grant has just been obtained from the Commonwealth Fund to carry out in part the projects as outlined.



hygiene and social betterment. In paraphrase of Bernard Glueck, the physician today with a liberal conception of the scope of medicine cannot evade the challenge of those symptoms of social maladjustment and distress which take the form of insanity, feeble-mindedness and criminality. Such challenge on the one hand brings to him many questions of heredity, education, economic conditions, home, school, and physical disease, and on the other hand the re-evaluation of legal institutions and the artificial social provisions devised to meet the ever-growing stream of human failures;—reformatories, prisons, and almshouses. The progressive economist, sociologist, criminologist, social worker or psychiatrist, is no longer content to attribute such social evils either to supernatural causes or to innate perversity, but rather seeks explanations in terms of organic or environmental causes, and in the course of his search he frequently comes upon phenomena lying well within the sphere of mental medicine.

Perhaps the physician has been slow to accept or find a way to fulfill his new tasks. Traditionally he has relied on the University not only for his guidance and inspiration, but also for his necessary technique. In order to meet the challenge today, he must again return to the University if he would acquire competence and social usefulness. His neglect to do so will mean that his legitimate province will continue to be ineffectually cultivated by socially conscious but medically untrained workers.

Much has been said and tried in the rehabilitative education of the offender, but precious little has been done in the education of the criminologist. Today, one hears on every hand, opinions advocating the scientific method in penology. Yet seemingly few have realized that a scientific method requires workers of special aptitude of mind and special training. Such qualifications hold true for any scientific pursuit, whether it be the designing of airplanes, or the analysis of drinking water. With Dostoyevsky, again may be said, "With ready-made opinions one cannot judge crime. Its philosophy is a little more complicated than people think. . . ." Thus, if we wish to approach the crime problem scientifically, we must first prepare ourselves in the technique of such scientific method; with some means of training specially selected persons and of establishing an educational institution. In this way there would be achieved some scientific value in place of the present uncertainties of politics and perhaps sometimes of the sentimental extravagances of reformers. With the increasing interest in

the crime problem, there is the real need of providing means of establishing some kind of educational institution for the training of personnel and for the development of quality research. In Pennsylvania there exists no such educational institution and to our knowledge there exists none in other States. Furthermore, some ten of the larger foundations in America contributed several millions of dollars in the last several years to education and research in psychiatry and mental hygiene, but none of this sum was granted for training in criminal psychiatry or for the pursuit of related research.\* Because we do not have such a means of educating personnel, the administration of our penal institutions and the formulation of policy are left more or less to the devices of legislatures. Within the last two years in Pennsylvania, the Legislature created a law whereby a child could be released from school under the compulsory age limits only after examination by a qualified psychologist. Subsequently, the sponsors of this law learned to their dismay that for the volume of work to be done, there were not enough qualified psychologists to handle the problem and thus what was intended to be a useful piece of legislation became instead an unhappy obstacle in the Commonwealth's educational system. (1937 P.L. 2560 Sec. V: 24 P.S. Sec. 1423.)

Hardly a month passes that there are not set forth new remedies for various aspects of crime. To correct the abuses of parole, one proposes the creation of the so-called Sentencing Boards; another advocates the creation of a State Commission to supplant the present system of parole and commutation power now exercised in Pennsylvania by the Governor's Cabinet; still another recommends the creation of Psychiatric Clinics to the Criminal Courts. Such schemes for remedy have everything to commend for adoption and reflect the sincere intentions of their sponsors; but their ultimate success is threatened by the lack of persons of solid training and experience. Such persons cannot be obtained unless there is created some institution for the purpose. Without a source from which to draw trained persons, the Commonwealth cannot hope to succeed in such scientific projects. If Sentencing Boards and paroling bodies are created before provision is made for properly

\* C.M. Hinks, M.D., reported to the 35th Annual Congress on Medical Education and Licensure that 20 out of 273 public institutions in the United States were well organized and staffed for investigative work. An additional 32 hospitals offered distinct possibilities for research. Psychiatric facilities were less than 1 per cent of such resources and personnel. By contrast 40,000 men in 1600 laboratories were spending annually \$300,000,000 in industrial research. J.A.M.A. 112:1287, Apr. 1, 1939.

trained personnel, the Commonwealth may come to realize that such experiments have not only expensive but also dubious achievement.

In surveying the subject of psychiatry and crime, one authority has stated that despite the fact that the participation of psychiatry in criminal cases is no longer a novelty, no one State has yet conducted a thorough-going experiment to demonstrate what may be achieved from routine psychiatric diagnosis and institutional treatment within the scope of its present facilities. The nearest approach to such training facility has been carried out at Yale University for the past six years by means of a seminar study in collaboration with Dr. Eugen Kahn, Professor of Psychiatry and Mental Hygiene. Law and medical students have likewise participated as part of their training. In that phase of the study, offenders or persons already convicted but difficult to make disposition of have been employed as clinical material, but no actual training has taken place permitting the students to have first-hand experience either in the courts or in penal institutions. However, such a seminar and joint study by both law and medical students has been most useful in demonstrating that, "such experimental clinics naturally afford samples of the experiences and problems which a Sentencing Board or psychiatrist attached to any court or penal institution might be expected to encounter."

How may we attract able men to State service and provide competent personnel? The following proposal is submitted to you for discussion and suggestions:- First, that the initial step toward psychiatric training in the criminal problem should be the creation of Fellowships in penal psychiatry; second, that the penal and correctional institutions should be used as clinical laboratories; third, the most essential, that Fellowships should be identified with some institution of learning. The carrying out of such a program under the auspices of the University would give the greatest promise of lasting achievement. Indeed, without the security and prestige of the University, such plans are susceptible to the exploitation, not only of well-intentioned and impractical enthusiasts, but also of cynical opportunists. Let us presume that the Legislature in good faith creates a special Parole Commission or Sentencing Board to carry out scientific crime study and management. If under present conditions, the Legislature should create a state agency without forethought of trained personnel, including psychiatrists, it is hard to deny that such an agency might not well become a self-perpetuating bureau and that scientific penology in Pennsylvania would have little more than an abortive start.

The plan as presently detailed to you is called *The Pennsylvania Plan* or a means of Intramural Training in Penal Psychiatry.

## FELLOWSHIPS IN PENAL PSYCHIATRY

### I. Proposal

A. To establish in Pennsylvania means whereby qualified persons may as Fellows receive training in the special field of criminal psychiatry with provisions:

1. That such training in part shall be obtained as clinical experience in the Eastern State Penitentiary.
2. That such training shall be conducted under the auspices of the University of Pennsylvania and under the faculty control of the University Departments of Psychiatry of the Medical and Graduate Medical Schools.
3. That certain or all courses of the instruction pursued by a Fellow shall entitle him to advanced credit standing, in the University, and,
4. That such training shall be endorsed for specified recognition by the American Board of Psychiatry and Neurology.

### II. Plan

A. Qualifications of candidates for Fellowship.

1. Male, not in excess of 35 years of age.
2. Graduate from an accredited medical school.
3. Accredited internship, acceptable to the Pennsylvania State Board of Medical Licensure.
4. No less than two years of acceptable previous psychiatric training.
5. Acceptable character endorsements.

B. The control of this Fellowship plan shall be in the hands of a Committee representing the University Department of Psychiatry and the Graduate School, The University Law School and the Eastern State Penitentiary.

C. Term of Fellowship.

1. Two calendar years.
2. Plan to anticipate at least 6 years.

D. Number of Fellowships.

1. First year—2 fellows.
2. Second and succeeding years—1 fellow.

E. Stipends of Fellowships. (Exclusive of University fees)

1. \$2600.00 per annum—First Year
  2. \$3000.00 per annum—Second Year
  3. \$1400.00 per annum—Clerical Service.
- First year cost — \$6600.00  
Second " " — \$10000.00  
Third and succeeding — Cost - \$7000.00

NOTE: It is hoped that in time graduates of the University desiring to utilize the Penitentiary for research material may volunteer their time and carry out research tasks subject to the approval and control of the Fellowship Committee.

## F. Tentative Curriculum.

## 1. Law School.

- a. First year (auditor) "Crimes." (Three times weekly 10:00 - 11:00 or 11:00 - 12:00 - Two terms - October-June).
- b. Second year (auditor) "Criminal Procedure" (Twice weekly 10:00 - 11:00 - One term - October - January).
- c. Seminar - once weekly - to be arranged.

## 2. Medical School and Graduate Medical School.

- a. Psychiatric Seminars and Conferences. (Optional)
  - (1) Pennsylvania Institute.
  - (2) Pennsylvania Hospital.
- b. Child Guidance Clinic
  - (1) Two half days per week, either first or second year.
  - (2) Therapy Seminar - to be arranged.
- c. Neurologic Conferences - Graduate School - Once weekly Friday 4:00 - 6:00 P.M. October - June. Both years. (Optional)
- d. Attendance at evening lectures by members of the Graduate Psychiatric Staff - (Optional).
- e. Lectures - Medical Jurisprudence - Medical School (auditor) October - January. Once weekly.
- f. Other courses or lectures in psychiatry as can be conveniently arranged.

## 3. Wharton School.

- a. Sociology 3 (Criminology) Twice weekly 10:00 - 11:00 or 11:00 - 12:00. Either first or second year.

## 4. Eastern State Penitentiary.

- a. First year - at least 2 whole days per week.
- b. Second year - at least 3 whole days per week.
- c. Summer months - entirely devoted to work in the Penitentiary save for scheduled two weeks' absence.

## 5. Criminal Courts.

- a. Quarter Sessions - attendance at trials.
- b. Municipal Court - sufficient attendance to become acquainted with scope and procedure.

## 6. Electives.

- a. Consistent with predilection and aptitude of the individual, and his choice of research task, certain optional courses may be open to him as governed by the Fellowship Committee. Such courses may fill gaps of educational equipment and enable the Fellow more readily to achieve research objectives. Such courses include the fields of:

- 1. Psychology
- 2. Anthropology
- 3. Sociology
- 4. Statistics, etc.

## 7. Thesis and publication of original investigative work related to psychiatric aspects of crime.

## III. Summary of Objectives

- A. To attract well qualified men of sound psychiatric background and scholastic attainment to the hitherto neglected field of criminal psychiatry.
- B. To enable such persons to gain first-hand clinical experience within the walls of a penal institution.

- C. To enable young psychiatrists to gain a broader concept of the contemporary crime problem by direct personal experience with and study of the courts and legal institutions.
- D. To indirectly serve the Commonwealth by participating in the intramural clinical psychiatric problems related to classification, discipline, rehabilitative treatment, and parole, of which there is an abundance scarcely dealt with by present psychiatric personnel which is required to meet the practical psychiatric need of a standing population of 3000 and a current annual population of 900 new admissions
- E. To create specially trained psychiatrists for positions in Criminal Court Psychiatric Clinics, Special Parole Boards, etc., anticipated in the legislation of the immediate future.
- F. To supply qualified psychiatrists to other penal and correctional institutions.
- G. To improve the general status of psychiatric expert testimony.
- H. To create a closer linkage between the University and State institutions to the end that they both may more effectively serve the needs of the community.
- I. To function in laying the groundwork of criminal classification which is indispensable to the Commonwealth in the formulation of future institutional construction and of general policy.
- J. To bring the Legal and Medical professions to a closer integration and auspices.
- K. To promote facilities for psychiatric criminal research under University common purpose in community service.



AN OPEN LETTER FROM SOUTH AMERICA\*

Buenos Aires

June 30, 1940.

Editor

Journal of Criminal Psychopathology

Woodbourne, New York, USA

My dear Director:

In this first open letter I have the pleasure of sending you, it is my pleasure to relate that a new penal colony is to be inaugurated in my country I appreciate the efforts of Ferri, Griffiths, Marcovich, *etc.*, in promulgating the penal colony system for the treatment of delinquency.

In a country predominately agricultural, such as this, the prospects of rehabilitation are favorable as agriculture is a good means of affecting delinquents in their moral and social education. Professional teachers, so necessary to any treatment of criminals who are to be returned to society, are to be employed. While, previously, we had no grounds set aside for distinctly agricultural pursuits, now the means are being afforded us.

In the city of Santa Rosa, which is the capital of La Pampa national territory, there is to be constructed this new colony as a part of a program as promulgated in Law 11.833 (General Directions for the Establishment of Penal Institutions, 1933). Article eleven states, "In the establishment of the nation's penal system, whenever the penalty may be three years or more, a progressive program shall consist of, and be divided into, five grades:

First. Grade A. Observation.

Second. Grade B. Confinement within the institution. The condemned man works *only* within the institution's walls.

Third. Grade C. Orientation. The inmates of penal colonies or industrial jails are assigned to work outside.

Fourth. Grade D. A prison camp is to be established in which semi-liberty prevails. The inmates are to be organized into sections as treated in Article 16, paragraphs 1 and 2, of this Law.

Fifth. Grade E. Reintegration. All those on parole are to be ob-

\* Editor's Note: Dr. José Belbey is Professor of Legal Medicine on the faculty of LaPlata University of Buenos Aires. He is also Adjunct Professor of Mental and Nervous Diseases in the University Hospital Clinic. A great deal of significant work is being done in several of the South American countries. Dr. Belbey's work is of interest to those of us working in the field of criminal psychopathology and we welcome a communication from him at this time. At occasional intervals, other communications from those doing outstanding work in foreign countries will be published in the JOURNAL.

served and are under the jurisdiction of the administrator of ex-convicts and liberated persons."

The Law continues, Article 16, "The authorization of an executive body for the construction and organization of the following establishments in accordance with this progressive program created by this Law is hereby given. The types of prisons are to be: first, penal colonies and Granjas prison; second, industrial prisons; third, camps of semi-liberty; fourth, the creation of a prison for adults; fifth, a prison within the capital and a criminal court; sixth, a prison in each territory, seventh, a section for those with contagious diseases; eighth, a psychiatric annex."

The new establishment in La Pampa, with a capacity of 350 personnel, will serve for those originally sentenced from rural areas, and those dangerous cases sentenced at the mercy of the penal courts.

The colony will occupy an area of 175 acres. Edifices, four in number will be 5.595, 37 square meters and will be of the parallel type so as to give comfortable aereation and abundant light. The free space in the courtyard, destined for recreation, includes a garden. There are spacious libraries in two individual blocks. These blocks, numbering four, are to be in two parts. There are 350 individual cells, 2 x 3 meters, with a hall 18 meters in size and elegantly furnished. Of the remaining grounds, 384 square meters are to be used for the carpenter, shoe, and tailoring shops. Outside of the main building, the mechanical sections and bricklaying shops are to be constructed. We will have a school of four classrooms with a capacity of 136 students for the purpose of giving an elementary education. We also will have a completely serviced hospital - it is needless to mention such other accessories as the kitchen, bakery, and mechanized laundry.

We are going to try to establish a program of moral and practical education which will, when a man is released, help the individual man to live within the law.

We hope that this program will meet with complete understanding from governmental officials and those abroad. We can only hope that with all of these efforts, the condemned will be rehabilitated.

To continue, the General Directions for the Establishment of Penal Institutions has acquired a piece of territory in the extreme north of the republic, 20 kilometers from the capital, Posadas, 157 acres are destined for the formation of the other penal colony which will specialize in the intensive cultivation of products native to the region.

Very cordially yours,  
(signed) José Belby





## VITA AND BIBLIOGRAPHY OF PAUL SCHILDER

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Paul Schilder, born February 15, 1886, a son of Bertha Fuerth and Ferdinand Schilder, became interested in philosophical problems at the early age of thirteen. His first inspiration came from the materialist Buechner's "Kraft und Stoff" (Energy and matter). From this he progressed slowly to Schopenhauer, Nietzsche and Kant. He contemplated studying classical philology and philosophy, but finally chose medicine because he wanted to be in closer relation to human beings. He always retained his interest in philosophical problems and the relation of human beings to the world and through psychiatry he felt he might help approach the fundamentals of human life.

The choice of medicine as a profession was also partially due to the wish of his mother. She had always given him a feeling of security and self-confidence which never left him, even in the most difficult circumstances. He still believes in the world and has a basically optimistic outlook. His early memories point to some sort of rebellion against his father, and he has never bowed to authority willingly. Nevertheless he still recalls with admiration and gratitude his teachers at the University of Vienna, among whom the philosopher Laurenz Muellner and the physiologist Sigmund Exner remain outstanding.

He believed in and dreamed of the use of experiments in psychology and psychopathology. As a student he worked in the laboratory of Exner. He got his training in pathology with Weichselbaum, and especially with Froheim. During the last two years of his medical studies his interest in pathology was in the foreground. He also worked in the laboratory of Obersteiner, but this period was less fruitful. He attended Freud's lectures occasionally at this time, but was refractory to his ideas. His first close contact with psychiatry came after his graduation at Halle an der Saale under Gabriel Anton, who had been a favorite pupil of Meynert. Anton, who had a fascinating personality, showed a deep understanding of the problems of aphasia and agnosia, and imparted his enthusiasm to his assistants. Meynert, although basically a brain anatomist, had had astonishing glimpses into the function of the brain, and had made a grandiose attempt to understand psychiatry from the point of view of brain function. The idea of regression, for instance, can be found in Meynert's writings. In Halle the teachings of Wernicke were still dominant. Some of Wernicke's pupils were

still there, and the books of Kleist and Liepmann circulated freely. Wernicke, who had based his system of psychiatry on brain pathology, had come to the fundamental insight that there were three basic spheres of experience: the auto-, somato-, and allopsyche. He brought these psychological systems into connections with specific brain mechanisms.

However, these basic insights of Wernicke needed a deeper psychological study. This followed in Schilder's "*Selbstbewusstsein und Persoenlichkeitsbewusstsein*" (Consciousness of One's Self and One's Personality"), in which the problem of depersonalization was considered from many different angles. In this, Husserl's phenomenology offered invaluable help. Every unprejudiced approach showed that many psychological forces acted without the definite knowledge of the individual. The central idea in this book was that the individual cannot be happy unless he directs himself towards the outer world and displays his various tendencies in experience.

Through this study Schilder was led to a closer approach to Freudian ideas. A study on schizophrenia served to further increase his belief in the validity of Freudian symbolism. During this time he continued his studies in pathology. These led to his classical description of encephalitis periaxialis diffusa. With Neuman and Krueger, pupils of Wundt, he studied experimental and primitive psychology. In his book "*Wahn und Erkenntnis*" (Delusion and Knowledge), he studied the basic similarities between the thought of primitives and schizophrenics, but he remained keenly aware of the fundamental differences in the social settings of the schizophrenic and the primitive.

He volunteered in the war of 1914-1918, spending these years in part at the front and in part in service at base hospitals. During the war years he studied philosophy intensively, sometimes under heavy gun fire. During this intense period he clarified two fundamental trends of thought: - first, that the laws of the psyche and the laws of the organism are identical, i.e. that ideas, thoughts and imagination can be studied with methods similar to those used in the study of perception; second, that this biological process is a process of development which is clearly reflected in the development of each single thought, i.e. that thoughts develop from primitive stages through continuous contact with the motives of experience, passing from a protozoan-like stage to more and more complicated organic forms. In the process of this development the different parts of reality come into focus. Individuals strive towards



the world, and through a constructive process arrive at configurations in perception and action. This leads not only to increased insight into the structure of the world, but also to a more satisfactory experience in the unified personality.

Following the war these ideas were deepened and expanded. Schilder was able to work under rather favorable circumstances in the clinic of Wagner von Jauregg. Von Jauregg was an individual with great strength of character, and with unlimited patience for the individual patient for whom he showed a deep sympathy. Although he did not believe in psychoanalysis he permitted psychoanalytic work to be done in his clinic. Although the brilliant Poetzl tried early to combine psychoanalysis and brain pathology, the chief orientation of the clinic was towards the somatic therapies, and the chief interest at that time was in the malarial therapy of general paresis. Interesting biological and physiological problems presented themselves to everyone in the clinic and Schilder participated fully in this part of the work.

In addition this period brought Schilder into personal contact with Freud, and to closer association with the psychoanalytic society. No unbiased observer could afford to neglect the data which Freud had brought forward concerning human drives and the structure of the psychic apparatus. The fundamentals of dream interpretation and of the libido theory seemed to be beyond doubt, and indeed have proved to be of lasting value for the understanding of the organism. However, Schilder differed in one fundamental respect with the tenets of psychoanalysis, in that he could never accept its regressive character. To him it seemed senseless to believe that life should intend merely to return to prior stages of satisfaction and to rest. Similarly, he was never able to accept Freud's ideas concerning the death instinct. He became more and more convinced that life is not directed towards the past, but rather towards the future; that psychological processes are directed towards the real world in a process of continuous trial and error. This constructive process leads to comparatively stabilized configurations which represent not only the possibilities for knowledge but also for action.

These psychoanalytical insights helped Schilder in determining the single steps in this constructive process. Psychoanalysis seemed to offer a fundamental approach to psychiatric problems in general. He collected a great amount of data pointing toward such a constructive psychology. He perceived this constructive process particularly clearly

in the building up of the experience of one's own body, the body image. This concept was based on Wernicke's idea of the somatopsyché and on Head's ideas on the postural model of the body. Studies on the body image, which he started in 1923, have occupied Schilder up to the present time. Studies on extrapyramidal motility, on the vestibular apparatus and on the postural and righting reflexes have made possible concepts which did not neglect the motor part of experience.

Obviously Schilder's interests did not coincide with those of the psychoanalytic group. He remained un-analyzed. Although his relations to Freud were never particularly close there were no lasting conflicts between the two. Later on, in America, he left the psychoanalytic society, in part because of his different direction of interests, in part because of some minor local conflicts. However, Schilder considers himself a psychoanalyst in the true sense of the word, feeling that he has kept the heritage of Freud better than many of those who were closer to him personally and who followed, at least for a while, his words more or less mechanically.

For Schilder the value of a constructive psychology lies in its approach to the deep problems of science, physics, chemistry and mathematics. Any problem in physics, for instance, is based on the fundamentals of human experience, which properly belong in the realm of psychoanalytic and constructive psychology.

Schilder's contact with Adolf Meyer, who brought him to this country, gave him a deeper approach to the social problems of psychiatry. He found that psychiatry in America was in closer contact with social realities than psychiatry in Europe. Coming to Bellevue Hospital in 1930 he found himself confronted with many new practical problems. The problems of constructive psychology in its relation to gestalt psychology took a more definite form. He planned to write a treatise on psychology in several volumes to embrace first the body image, second perception and thought, third goals and desires and fourth psychotherapy. Of these, the first and fourth volumes have already been published. The other two have not yet been published due to outer circumstances. In addition he has planned further volumes on art and sociology from this general point of view.

Since Schilder believes that theory must lead to action, he has worked out methods of group psychotherapy. In addition, the problem of ideologies has loomed as a problem of great importance without which human life cannot be understood.

A great part of this work has been done in close conjunction with Lauretta Bender, his wife. This is particularly true of his work with children. Whereas Schilder has been previously skeptical of the possibility of understanding children and had felt that there was a danger of projecting insights gained with adults into children, he now feels that the principles of constructive psychology can help in a deeper understanding of the child. The behavior of the child can only be understood as a continuous process of trial and error, which leads to construction and configuration as a basis for action. He feels that behavior difficulties and neuroses are interruptions of this constructive psychological process. Only when an individual strives in his environment and in the world will he have full emotional experiences and a full life as a personality. An individual is truly alive as long as he errs and tries. Human beings drive into the future by trial and error, and thereby find their happiness. Schilder finds the final proof for the irresistible drive into the future in his two sons, Michael, aged three and Peter, aged two.

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## NOTE

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The foregoing appears in duplicate by mutual arrangement in the November issue of *PSYCHIATRY*.







## Special Reviews

### PSYCHOPATHIC PERSONALITIES \*

#### *A Critical Review*

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It is entirely fitting for one to pause from time to time and reflect on the progress made in his particular field of work, to take an inventory of the existing situation. At once the discrepancy between our understanding of psychic mechanisms and psychiatric classifications becomes obvious. No one doubts the tremendous progress made in the understanding of the psychopathology of human behavior, but what progress, it may be asked, have we made in our nosology? The latter, dominated in the main by the institutionally oriented psychiatry, is virtually at a standstill. Polished up to look like a modern model, our classification and nomenclature of mental diseases is today essentially the same as given us by Kraepelin at the turn of the century. Though we all like to say that Dementia Praecox is a wastebasket, it does not seem that any serious effort is being made to revise it, and so we leave it as was before.

To wit, the problem of psychopathy. What diagnostic crimes are being committed in its name! From the day when Prichard in 1835 first coined the term "moral insanity," thru Hart, who in 1887 added the term "psychopathic personality," and to date, the term has become an even more unwieldy wastebasket than dementia praecox, and much more confusing. Though a few attempts have already been made to approach the problem of psychopathic states from a more dynamic point of view, by far the greatest majority of psychiatrists still cling to the old conception. To clear the field, therefore, and for the purpose of reviewing the subject, it is entirely proper to choose a work

which in a sense embodies and is most representative of the views on the subject to date. Such indeed is Kahn's work, which though fifteen years old, more nearly and completely represents generally accepted views on the subject than any other single work known to the reviewer.

For those who are interested in this subject, Professor Kahn's book is well worth reading. It is by no means an original or brilliant piece of work. It is a long and tedious epitome written in the heavy, ponderous German type which makes its reading difficult in spite of a good translation; it is not recommended for casual reading. But for those who enjoy serious reading it is a veritable gold mine of stimulating facts and is comprehensive enough to provide a thorough discussion of the problem. The approach is a multiple one and the psychopathic personalities are viewed from the biogenetic, psychological, and philosophical angles. But we are not dealing here with the psychopath familiar to most of us. According to Kahn, the realm of psychopathic personalities covers the whole field between the so-called normal and the psychotic. Even the neuroses fall into this category. Now, if individual resistances have been overcome, the reader can follow the author into the fertile and relatively unexplored field of psychopathy.

In his introductory chapter Kahn writes that he regrets that the study of the psychopath has not gone beyond clinical grouping of descriptive level. We must all share this regret, but let us not forget the mere youth of our science of psychiatry. Nevertheless, Kahn's statement

\* *Psychopathic Personalities*. Eugen Kahn. Yale University Press. 1931.

provides the hope that this misunderstood group is finally to be studied from an entirely new viewpoint.

The reader is first introduced to some Freudian concepts and the author pays tribute to Freud. He is even willing to agree with certain broader concepts of Freud, particularly that most assailed study which showed that sexuality begins in the first years of life. He considers this of prime importance because in the psychopathic personalities the dissolution of the child-parent fixation fails to take place or is only incompletely accomplished. He emphasizes the significance of sexuality for the psychopathic personality and points out that the psychopath cannot easily manage his sexuality without conflict. Then he reviews the teachings of the Adlerian school and says "the purposefulness, the finality of psychopathic behavior, has become the backbone of Alfred Alder's teaching." Finally, he pays tribute to the 'new psychological trend' which "aims at a comprehension of the totality of the personality." This, he believes, represents a correlation of the other tendencies in which the personality is considered from one aspect or the other. This last trend, he feels, is most important and "it is just these psychopathic personalities who are in greatest need of a study from the standpoint of the whole, because with them the concern is particularly the total personality." Having thus set forth the course which he intends to follow, he tackles his problem.

#### I. CLASSIFICATION

##### *A. Clinico-Descriptive*

Kraepelin's classification of the psychopathies was descriptive, while Kurt Schneider's was clinical. The author presents his classification as a combination of the two—a clinico-descriptive one—which corresponds closely to that of Schneider's, but hardly goes beyond the essentially descriptive level of both Kraepelin and Schneider. He has sixteen types—1. The nervous. 2. The anxious—these are char-

acterized by an increased susceptibility to anxiety and here he places the group of anxiety neuroses. 3. The sensitive—their chief characteristic is their obviously exaggerated sensibility. 4. The compulsive. 5. The excitable—here come the psychopaths in whom the increased affective excitability, accompanied by an increased explosiveness, is the striking feature. 6. The hyperthymic—these are eternally gay and busy and attract attention because of their cheerful activity. 7. The depressive—the opposite of group six. 8. The moody—here there is an alternating gayety and seriousness. 9. The affectively cold—in main personalities characterized by a coldly hostile bearing toward their fellow men and to society—"enemies of society." Here, according to the author, belongs moral insanity. 10. The weak-willed. 11. The impulsive—these yield with little or no resistance to impulses which most men control through the action of the will or intelligence. 12. The sexual perverse—representatives of a deviating impulse life. 13. The hysterical. 14. The fantastic—does not include pseudologies, but the dreaming fantasists. 15. The cranks—those who get themselves into ruts of thinking. 16. The eccentric—those who make themselves conspicuous. The author discusses inherent difficulties in attempting to categorize the personality as well as the failure of the clinical method of classification to realize its goal. Kahn's grouping makes clear at once how wide is his concept of psychopathy. His descriptive terms are all-embracing and, as such, pervade every field of psychiatric endeavor.

These sixteen groups may be divided into two opposing sets of groups— one united by a peculiarity in the realm of affect and the other by a lack or a minus in the realm of affect. But, as he points out, psychologically the personality may be considered in three aspects—from the point of view of intelligence, temperament, and character and into each of its experiences the personality enters as a whole. Here, we fear, Kahn is but moving the approach from strictly psychiatric

interpretation to the old-fashioned academic psychology. Such a description is not likely to yield us any more in the understanding of the psychopathies than we learned about the normal individual through such an approach by the old-fashioned physician and academic psychologist.

#### *B. Existing Systems of Character Study.*

The author now goes a bit outside the field to give his position with regard to several existing systems of character study. The system of Klages, he feels, is too complicated and divorced from everyday life to be of use. Uritz defined temperament as that which pertains to affect and mood in its meaning and significance for the personality while character is the personality under the aspect of its striving. He finds this system more useful because Uritz avoids dividing the personality into provinces. Ewald attempted to give to the concepts "temperament" and "character" a biological foundation, but Kahn feels that he puts too much emphasis on "character." Ewald tried to demonstrate that Kretschmer's cycloid and cyclothymic personalities represent the balanced characters and the schizoid and schizothymic personalities, the abnormal characters, but Kahn cannot agree that such a clear delineation is possible since character and temperament run through both. William Stern adopted a psychophysically neutral conception of the person as a system of purposes. The author leans to Stern's interpretation as a basis for an investigation of the personality and comments on the fact that the teleological point of view cannot be rejected as it is by some psychiatrists. One must not forget that every manifestation of the personality has its psychical and physical sides.

## II. THE PSYCHOPATHIC PERSONALITY

### *A. Construction*

Now he proceeds to sketch the con-

struction of the personality as an introduction to the presentation of the psychopathies. Impulse is defined as an animal vital urge toward a satisfaction of need ultimately biological. Impulses spring from the physical, but their satisfaction enters on the psychic. In broad terms he covers the fundamental impulses, setting down that the impulse of self-preservation is as elemental as the sex-impulse. Temperament rests on the bodily basis and on the impulses. It includes the fundamental and life mood as well as the emotionality (affect). Temperament, too, is rooted in the physical, but, to a greater extent than impulsive processes, it is psychically provoked and produced. "Impulses and temperament are the foundation of character. In character is to be seen the totality of voluntarily directed striving; character means the directedness of the personality." He then points out that, of the various strata of the personality, character is the topmost, while impulses and temperament are the foundation. "Thus in character is comprehended the total personality in meaning, aim and purpose and character is the factor which regulates the interplay between the personality and the environment." He stresses that one must not lose sight of the fact that all three are at work in every act of the personality and their separation here is only for better understanding. There is one difference in these strata—impulses and temperament are constitutionally conditioned, while character, in spite of its casual biological foundation, is extensively modifiable by environment and destiny. In support of this conception, Kahn introduces Stern's idea of the autotelic—in the individual the system of his own purposes directed toward his ego purposes—and its adjustment to the heterotelic—the system of foreign purposes non-ego-purposes). Through introception the foreign purposes become absorbed into the system of ego purposes. Character becomes determinative for this introceptive process. Toward this goal—establishment of a stage of equilibrium between the ego and the environment the individual strives until maturity, some with greater and some with less ease according to their hereditary bases.

### B. Concept

The author defines his position regarding his concept of the psychopathies when he says "The terms 'psychopathic' and 'psychopathy' are used to designate a large group of characteristics or conditions which lie in the broad zone between mental health and mental illness (psychosis)." Can one do anything but generalize when covering such an all inclusive field? The reviewer cannot agree with this statement of Kurt Schneider's "...scarcely any controversy as to what in practice is to be included in psychopathic personalities." Perhaps there has not been enough controversy. Schneider's definition of the psychopathic personality is given and one finds the author praising it because it is sufficiently broad and nevertheless limited! Kahn is in agreement with Schneider that there is no question of disease processes, but rather of constitutional conditions. There is good solid sense in his statement that, because of the three strata in the personality, not everything in the psychopathic personality must be psychopathic. He points out that it is impossible to draw boundaries between the normal and the psychopathic. The psychopath is differentiated not qualitatively, but only quantitatively from the normal. There is no absolute standard for them. Race, culture, and even periods of history play a part in stamping behavior psychopathic—this is not original with Kahn but was a much vaunted argument in the battle which raged around moral insanity in the nineteenth century and gave rise to the idea that the psychopath was an atavistic phenomenon. He believes "the psychopathic stamp is not given to the personality by fundamental traits which are psychopathic in themselves, but the psychopathic effect is grounded in the quantitative disharmony of the personality traits with respect to each other and in the total personality." The ultimate basis of the psychopathic component of the personality is, he asserts, in the physical. Kahn first formulates a causal definition of the psychopathic personality, but again points out the importance of in-

cluding the teleological consideration. Then he gives a teleological definition and combines the two: "By psychopathic personalities we understand those discordant personalities which on the causal side are characterized by quantitative peculiarities in the impulse, temperament, or character strata, and in their unified goal-striving activity are impaired by quantitative deviations in the ego—and foreign valuation." A rather cumbersome definition, but necessary, it would seem, to cover as broad a concept of the psychopathies as he visualizes. The reviewer is in agreement with his disapproval of the use of the term psychopathic constitution since this implies a biological element. He would substitute the use of the term constitutional psychopathies since the factors lying in the biological constitution are the most important determinants of the psychopathies.

### III. PSYCHOPATHIC PERSONALITY AS CONSIDERED FROM THE POINT OF VIEW OF IMPULSE

The next several hundred pages of the book deal with the psychopathic personalities as considered from the standpoint of their chief strata, impulse, temperament, and character. First as to impulse which he considers as constantly present in the organism. "All impulse-processes are derived from the fundamental impulses to self-preservation, self-development, and preservation of the species." The latter he substitutes for the Freudian concept of sex impulse, thus making the whole not unlike the analytic concepts. According to him the constituents of the impulse-process are the impulse and the impulse action and there is no satisfaction in impulse-processes without the impulse. He differentiates between impulse-processes, voluntary processes and impulse-like processes and concludes that these are the processes through which the impulse-life of the personality is translated into action. We are then introduced to the urge phenomena of Thiele and Bostroem. Urge actions (results of discharge of the urge) are similar to impulse actions but at a lower range on the ladder. They are



states of undifferentiated impulse-charge, seeking discharge preferably in impulsive or impulsive actions and in sex acts. These states are very frequently accompanied by anxiety which is closely related to the impulse to motion and to sexuality. Then he proceeds to picture the development of the impulse life from the adolescent through involution to senility. There are certain psychopathic personalities in whom the disturbance springs essentially from the impulse stream. Their level of development is analogous to childish and adolescent developmental levels. They may be either strong or weak in impulse. Those strong in impulse he terms impulsive psychopaths. He names the several types that Kraepelin has put under the headings 'impulsive personalities' and 'impulsive insanity', but he feels that only the wanderers belong to this group of impulsive psychopaths. The impulse to motion is at work here and there is a relation to the running away of the adolescents. There are more men in this group as the impulse to motion means little in the psychic life of women. It seems that this last statement is open to question. There are other symptoms which may disguise the true one which is wandering. Kraepelin's other types represent impulsive, but not impulsive behavior—there have been distractions from the impulse-goals. There is a discussion of the kleptomaniac and whether this represents an impulsive type of stealing. The author does not regard thefts in psychopaths as impulsive actions. Stealing is impulsive in animals, infants, and small children because they lack consciousness of the personal ego and of the existence of foreign egos. But the kleptomaniac never lacks this consciousness and, therefore, his stealing is not impulsive. He explains the stealing in the kleptomaniac as motivated by covetousness to which is attached an act of the will and comments on the fact that this occurs more commonly in women, particularly at certain periods—e.g., menstruation and pregnancy. He regards a certain type of thefts as impulsive—here the sex impulse expresses itself in acts of stealing. A third type of psychopathic stealing is 'fetish stealing' and he believes the difference in these three types lies in the fact that in

impulsive stealing the emphasis is on the act of stealing, while in the covetous and fetish it is on the stolen goods. Although he recognizes that impulsive peculiarities occur in the hypomanic and the depressive, there is not enough evidence at present to make correlations between the impulsive psychopath and particular physical manifestations.

The group of psychopaths weak in impulse are related to the endocrine dyscrasias, to the asthenic personalities, to infantile personalities, and physical inferiority. The weakness in impulse will express itself particularly in the sphere of sex. These are personalities of comparatively simple construction. This seems to the reviewer a rather good observation and good evidence in support of the fact that in these psychopaths there is a close correlation between the physical and psychical aspects. Then Kahn passes on to the sexual psychopaths regarding which he says "it is precisely with regard to the sex life that there are personalities in which there seem to be present an increased wealth of impulse." He preambles this with a discussion of sexual development and comments on the development of the impulse to self-development (sexual). He believes that the sex-impulse life has a different significance for the personality at different ages in life (adolescent, adult, senile). He carries over Freud's work in discussing the development of the sexual-impulse life. Then he details the effect of prolongation of the pubertal period on the personality. He considers the role of the Anlagen in psychopathic deviations in sexual development as highly important. He can not agree with Freud's explanations regarding infantile sexuality since impulses are undifferentiated in the infant and he cannot have a sexual life. He would regard sexual impulses as becoming differentiated between the second and fifth years. In discussing masturbation he opposes regarding the natural orientation of the child toward his own organization as eroticism. He traces sexual development as regards masturbation and denies that there is anything pathological or psychopathic *per se* in the infant's genital manipulation for "the sexual act itself normally first occurs

in puberty." He believes that there are personalities who do not find their way past puberal masturbation and these he calls psychopathic masturbators. Their auto-erotic attitude is often related to a deviate mother or father fixation. In his short description of the narcissist one finds this interesting statement: "A kernel of narcissism lies actually in all human vanity." The transvestites are also included in this group of sexual psychopaths.

He divides homosexuality into four types: (1) active and (2) passive masculine, (3) active and (4) passive female. He is inclined to agree with Adler's concept of homosexuality and particularly with his concept that the homosexual personality is fundamentally psychopathic. He would agree with Kretschmer's observation that there exists an affinity of homosexuality for his so-called schizothymic and schizoid personalities. We are to learn later in his book that these two types of personalities are linked up with a leptosomatic body type and thus we are to infer that homosexuality is more frequent in this body habitus. This has not been the reviewer's observation nor has there ever been any conclusive evidence presented to this effect. The reviewer has always felt that it was a mistake in our psychiatric classification to include the homosexual under psychopathic personalities since the essence of their difficulty is a turning aside of the sexual stream which is emotionally conditioned. But Kahn, by compressing the neurotic within the psychopathic personality, leaves the whole question of homosexuality in a state of confusion. Then follow under the sexual psychopaths a discussion of metatropism, bisexuality (here he points out how little is known of their impulse life), and pedophilia. He comments on the interesting relationship of psycho-sexual infantilism to certain types of psychopaths. There are a few remarks on gerontophilia and zoöphilia and then fetishism. Here again he points out the relation to psychosexual infantilism and the connection between fetishism and crime. Of exhibitionism he remarks that he considers the exhibitionistic act fundamentally a sexual preparatory and substitute act. He points out that there is here, too, a relation to psychic

infantile traits and he cautions against accepting these acts as the result of irresistible urges. He prefers to use the term *algolagnia* to include the conditions of sadism and masochism. He points out the pervasion of all life outside of the sexual sphere by sadism and masochism with the explanation that the sexual is always contained in the total impulse-life. He would conclude that feelings of inferiority and self-insecurity are important in this connection and this has its foundations in the total impulse-life. Where the sadistic and masochistic elements go outside the normal their transformation has taken place on the basis of a psychopathic character make-up.

Not wishing to under-emphasize the importance of the impulse-life in every personality, the reviewer cannot agree that it plays a significant role in the psychopathic personalities as they are understood by the majority of psychiatrists. It appears that Kahn, in this regard, has fallen into the morass that tenaciously enveloped the psychiatrists of the nineteenth century. Beginning with the introduction of the concept of moral insanity by Prichard in 1837 the question of impulsive acts and deeds as determinants of the behavior of these 'moral insane' was widely debated. It was not until late in the century when these impulsive cases were separated out and put in their appropriate categories, whether neurotic or psychotic, that a clear conception of moral insanity was delineated, and carried over under the new term of 'psychopathic personality'.

#### IV. PSYCHOPATHIC PERSONALITY AS CONSIDERED FROM THE POINT OF VIEW OF TEMPERAMENT.

Psychopathic types whose peculiarity lies in the realm of temperament are designated by the author as dysthymic types. These are divided into three groups, (1) the hyperthymic, (2) the hypothy-mic, (3) the poikilothymic. He points out that factors of all three are present in every personality and that there are really no sharply drawn boundary lines between the three. All those belonging to the hyperthymic group have in common a vivacious temperament and are excitable.

The vivacious, the first sub-group of the hyperthymic, is composed of persons distinguished by the vivacity of their movements—a habitual hyperkinesis. He points out that impulsive factors participate here and the characteristic temperament rests upon the source of the impulse to motion. The excitable group is distinguished by the particularly high degree of their reactive affectivity. This group has the ability to keep their excitability in check for short periods. Combinations of the vivacious and excitable occur. The explosive group is more primitively excitable and, along with the excitable, reacts to rather trivial stimuli. The fundamental mood of the irritable is a particular form of unpleasant inner tension with a tendency to discharge. The quarrelsome, who are almost wholly determined by temperament, are found here. The cheerful with their cheerful, elevated fundamental mood are related to the euphoric of the psychotic group. In the physique of these there is a certain relation to the pyknic physique. In the hypothymic group most types represent the exact negative of certain hyperthymic types. These he subdivides into the athymic who are distinguished by a lack of excitability and of affective resonance and the dysphoric who have the hypothymic fundamental mood. Within the athymics come the phlegmatic with the poverty and slowness of their motor behavior. They exhibit a marked inertia and are with difficulty excited. Usually calm, they may, however, become irritable and excited. There is a great antithesis between the phlegmatic and the vivacious. The torpid group show a complete lack of affective resonance, but they usually do not give the impression of coldness as seen in the affectively poor and affectless. The affectively poor have in common with the torpid a slow excitability, while the affectless are almost always free from all excitability. Colorlessness of mood is characteristic in all athymics. The dysphoric group includes the anxious, the ill-humored, and the gloomy. In an introduction to the description of the anxious, the author digresses to present various theories regarding anxiety including that of Freud. He divides the anxious into the timid and the phobic. The timid are in a permanent

state of anxiety and make a convenience of anxiety. The phobic develop a reactive or secondary anxiety which is rather actively produced by the personality. The ill-humored he considers as a middle stage between the irritable and the gloomy, or as a mixture of the two. The gloomy are characterized primarily by their mood—the opposite of the cheerful—but, unlike the cheerful, can be related to no constitutional group.

The third temperament group is that of the poikilothymic. Here the peculiarity lies in the "changeability of the fundamental mood, of the excitability, of the psychic expression, and to a certain extent also of the affective resonance." This is not, however, to be looked upon entirely typical. Generally speaking there are two groups of poikilothymes. Those autochthonously labile in mood are a combination of the cheerful with the gloomy. He comments on the wide regularity with which these moods may fluctuate. He attempts to subdivide this group, but falls into the error of redundancy. The reactively labile in mood show a tendency toward change of mood in response to outer stimuli. The reviewer can find nothing to recommend in Kahn's attempts to relate the poikilothymic group to clinical types as the basis for this is rather vague. In closing the discussion of temperament he traces the relationship between impulses and temperament. The hyperthymic has a rather normal impulse life, but frequently the intensity of impulse is above the average. The hypothymic have a moderate or deficient intensity of impulse while in the poikilothymic there is an ebb and flow in the impulse life.

#### V. PSYCHOPATHIC PERSONALITY AS CONSIDERED FROM THE POINT OF VIEW OF CHARACTER

Kahn opens his discussion of psychopathic character types with some remarks regarding the direction taken by the character of the personality. All the purposes and goals of character must be derived from an interaction of the attitude of the personality toward the ego and toward the environment. "The creation of values in the purpose and goal of the personality,

is the purpose and goal of every ego." The personality strives for effort and prestige. Thus there are two types of individuals, the one who is ambitious for effort and the one who is ambitious for prestige. The first exists for the world, for the environment, while the second assumes that the world exists for him. These two types may be called (1) the environmental and (2) the ego-type. Kahn comments on the fact that he means by these two types about what Jung meant by his extraverted and introverted types. Seeking representatives of these abstractions in the realm of the normal Kahn finds the types of the egoist and the altruist, but always keeping in mind the fact that neither of these is clear cut. He then points out that the participation of ego-concern and environmental-concern in the whole set-goals conditions a special capacity present in every personality—the capacity for conflict. When conflict occurs, it is then that the psychopathic becomes evident. He considers that excessive preoccupation with the own ego is the most common characteristic in the psychopathic attitude and set-goals. On this basis he divides his character groups into (1) type of Ego-Overvaluation, (2) types of Ego-Undervaluation, and (3) the Ambitendent. When there is overvaluation of the ego there is an undervaluation of the environment or non-ego. Here we find the active autist who overstresses ego-concern and exaggerates ego-inclination. This type never attempts to experience the feelings of another person and constantly undervalues them along with the environment. He rejects or denies his environment, but is most often at war with it, despising it if he loses the battle. Here Kahn would place the 'born criminal.' Actually this type has a pseudo-value and pseudo-goal. The other type of ego-overvaluation, the egocentric, is distinguished from the active autist on the basis of ego-weakness. Here one finds a type which is imbedded in a medium of insecurity out of which there necessarily develop feelings of inferiority. "Whereas the active autist directly and with little regard for his environment, lives out his will to power, the egocentric is intent on prestige from his environment." Making

more demands on the environment and needing it to feed his ego, the egocentric is less asocial than the active autist. By pressure from the environment, this type may make contributions to it.

In the type of ego-undervaluation there is a tendency to subordinate ego-values to non-ego-values—a sort of submission. The passive autist, in so far as his ego-concern, is characterized by an anxiety concerning the ego. Here one finds ego-weakness and ego-insecurity. The passive autist turns from the environment, withdraws into himself, and anxiety prevents his returning to the environment which he overvalues. "Effort as a social act is not included in the program of the passive autist. His major and permanent goal-ego-security—is a pseudo-goal and thoroughly subjective. The ego-goal of the ego-searcher stands like that of the passive autist under the banner of impotence." In this type there is marked ego-weakness, submission to the environment, and devotion to their goal. There is found a tendency to self-depreciation and a passion to suffer and submit. Often an attitude of self-resentment and envy develops, but the ego-searcher is compelled to display before the environment his inferiority. The ambitendent types may be classified as those types which oscillate between the ego and the environment, between overvaluation and undervaluation of the ego and between undervaluation and overvaluation of the non-ego. Here the setting of the goal may be identical with the setting of a conflict (because of ambitendency). When the conflict becomes unbearable, repression comes into play. According to Kahn this is the same sort of repression which takes place in a neurosis, but it is the special sphere of the ambitendent psychopath. He alleges that it cannot take place in a neurotic without a certain inclination to ambitendency. One finds nothing new in these arguments. They are but new words for old ideas. (the psychoanalytic concept of repression). He then proceeds to sketch two different types of ambitendents, the sthenic and asthenic, which are merely combinations of his original types of ego-overvaluation and undervaluation. The reader is then introduced to overcompensation, a special

kind of repression, but there is little new expressed here. In attempting to arrive at the causation of the psychopathic character types the author points out that insecurity and the feeling of inferiority occur in the development of practically every human being. These, he believes, are rooted in the *Anlagen*, but can be influenced by the environment. A psychophysical equilibrium affords security. Insecurity in the psychopath is an effect of the lack of balance and behind this insecurity there exists a primary anxiety. Kahn must lean strongly toward the biological explanation of the psychopath when he remarks, "the fact should not be mistaken that it is usually, if not exclusively, those personalities weak *ab ovo* who are discouraged by the environment."

#### VI. CAUSAL AND FINAL RELATIONSHIPS

Now the author passes on to a discussion of final relationships in the psychophysical structure of the psychopathic personalities. Here he attempts to mold together again, impulse, temperament, and character and their dependence on soma and psyche in the resultant personality. He indicates how important are the endocrine system and the vegetative nervous system as bases for impulse and temperament. Here it seems wise to quote his own words so that there may be no cause for argument: "The relationships of impulse and temperament to their physical basis is very close. We do not believe that the same is the case with character, but that it rests causally on the strata of impulse and temperament. We are of the opinion furthermore that through intelligence and the motor—which latter is closely bound up with the bases of impulses and temperament—there exist relationships to the cortex and to the extra-pyramidal system. However, we consider infelicitous the assumption that the somatic bases of character are to be seen somewhere in the brain. Character is not somatic but completely psychic." Here he has bridged the gap and made the personality a true psychosomatic unit, a conception which is daily gaining more credence. Then he attempts to correlate physique with his doctrine. The pyknic and

leptosomic physiques represent relatively pure types—the first standing in a marked positive relationship to the typical feminine physique while the latter stands in an analogous relationship to the typical masculine physique of the man who is active and effective in the world. The athletic physique represents a mixed type while the dysplastic physique represents an anomaly. The pyknic type, he feels, is better suited and better adjusted to the environment and may be particularly connected in some basic way with the preservation of the species. The leptosomic physique stands in fundamental opposition to the environment and is exposed to the aggression of the environment. The development of physique, as well as the physique itself, is in a high degree dependent on the organs of internal secretion. These supply also the bases for the impulse-life and temperament and, therefore, there is a relationship between all of them. He does not feel that it is at present possible to classify psychopathic personalities according to their physique. The evidence with which he supports his generalizations is sound and it seems to me that he has opened up new and stimulating fields for investigation in the new psychosomatic era which psychiatry is entering.

#### VII. COMPLEX PSYCHOPATHIC TYPES

Now he attempts to use his structural analysis, as sketched in the preceding chapters, for the study of complex psychopathic types. He does not present these cases in the usual way, but instead gives cases to illustrate various other phases of psychopathic behavior as well as combinations of groups already delineated. As a result of this there is much confusion and it detracts considerably from his earlier remarks. The failure of adjustment of the psychopaths is, he believes, better explained by their instability than by the weakness of will. He is wise to abandon such a term as 'weakness of will' for the question of the part the will played in determining psychopathic behavior was a stumbling block in the old moral insanity doctrine. In his discussion he concludes that instability is conditioned by the strength of impulse. He would substitute



the term 'passive asocial' to cover all this phase of the psychopath's behavior. He discusses the role organ inferiority plays with regard to this aspect of the psychopath and illustrates with several cases. Instability is such a widespread psychopathic manifestation that it does not seem to him scientific to label any one group unstable. This chapter of his book is considerably garbled as we next meet with a discussion of the problem of schizoid types. Here he attacks the methods used in formulating the concept of the 'schizoid'. Apparently he feels that many psychopaths have been labelled 'schizoids' and he contends that they are not organically sick in the sense of the schizophrenic. The discussion becomes rather broad and he goes into the subject exhaustively. The group of 'cold autists' he regards as corresponding to Kraepelin's anti-social psychopaths, to Kurt Schneider's affectless and to the so-called morally insane. This group is distinguished by their affective or moral torpidity whose source, according to Kahn, is to be sought in the temperament. He presents a case which he labels as a passive cold autist weak in impulse which reads exactly like that of a neurotic with psychopathic behavior. The active cold autists strong in impulse he labels as being largely criminals. The reviewer cannot agree with this as it seems that, of all his groups, here is the only one which would be classified as a psychopathic personality in its present day meaning. And not all psychopaths are criminals. Both cases presented as examples would probably be diagnosed as psychopathic personality by ninety percent of psychiatrists.

Under the heading of anancastic psychopaths he discusses obsessions and compulsions. Here he would place all obsessive and compulsive people. His explanation of the origin of obsessive and compulsive thinking is not as satisfactory as Freud's. He does not agree with Freud that every compulsive manifestation can be traced to a repressed sexual wish. It seems more likely to him that the total impulse life is involved rather than the sexual impulse alone. He presents several cases as examples. Eliz. Gru. is a typical obsessive neurotic. Leopald Ha. has the earmarks of a manic-depressive psychosis, depressive phase. Joseph We. is a case of hysteria. A

group which the author calls sensitive psychopaths displays the common trait of insecurity and may never be free from ambitendency. Frederick Weis, an example of this, is the picture of an anxiety neurosis. Louise Has. is a case of hysteria. Next one finds a long discussion of hysterical personalities. He points out the universal potentiality for the development of hysterical manifestations when the personality is threatened. He would like to stop the use of the word 'hysteria' because there exists no such disease entity and there is no one type of hysterical personality. The view of other schools are presented and he attempts to bring his line of thinking alongside. There is a discussion of the various types of hysterical personalities and in this the author draws heavily on psychoanalysis. Case presentations are given. Then follows a discussion of hypochondriacal psychopaths. "That psychopathic hypochondriacal behavior means an evasion of life is beyond doubt." There is no disagreement with this statement, but why limit it to this group? In the hypochondriac he sees a deficient physical turgor as well as a weak impulse-life. The case of Gustave Klu. would seem to be one of anxiety neurosis of long standing. He divides the quarrelsome psychopaths into three groups, the eristic, euphoric, and litigious. The last group seem to me to be on the brink of developing a paranoid psychosis. The case of Martin Wo. is that of a fairly typical psychopathic personality. The eccentric psychopaths are unbalanced in their impulse-life. He agrees that some eccentric are "pre-stages, mild cases or terminal stages of dementia praecox." He places the paranoid psychopaths in the eccentric group and labels them "pre-classed as a case of hysteria. Max Herb. and Nicholas Vi. are schizophratics. Asthenic psychopaths as a group have, he believes, a definite physical base. They are marked by the totality of their delicate and weak physique and their weak impulse-life. The reviewer would think from his descriptions of this group that he visualizes here a combination of the neurasthenic and constitutional psychopathic inferior. The cases presented strongly justify this conclusion.



## VIII. PSYCHOPATHIC COURSES

In the concluding chapter Kahn attempts to "designate the various types in which psychopathic manifestations can run their course in time" or in other words the boundaries of psychopathic behavior. He comments on the fact that the course of the psychopathic life is the course of life itself. He points out the importance of constitution and environment at well as "the constitutional capacity for experience." The experience of poverty and climacterium is in normal persons a heavy trial for the personality. But even more important for the personality is precocious sexual or mental development or psychosexual infantilism. These he terms evolutionary anachronisms and finds their occurrence frequent in psychopaths. He comments on the importance of recognizing that psychopathic manifestations may be transitory. Here the episodic and periodic psychopathies are to be distinguished. Psychopathic episodes of considerable duration he labels persistent psychopathic states. The fourth type of psychopathic course is the psychopathic developments. These are end-results, are extremes of psychopathic character formations and are the neuroses. Kahn believes that every personality has its destiny and that there are three typical psychopathic destinies—(1) Psychopathic factors may determine the destiny of the personality until it succeeds in freeing itself from the psychopathic influences. (2) Because of early experiences the personality is forced into final psychopathic attitudes. (3) The personality is, on the basis of its physical, impulsive, and temperamental endowment, psychopathic in so high a degree that its destiny is thereby determined. A few typical psychopathic ends are saturation, pseudo-victory, resignation, and suicide. As to prognosis the author feels that little can be done to change the constitutional structure of the psychopathic personalities, but education can be useful in helping them to understand themselves, to come to terms with themselves, and to set themselves genuine goals.

## IX. COMMENT

There is no doubt that Professor Kahn has presented in this book a thorough and searching analysis of the personality. But his classification is too cumbersome and unwieldy and his scheme for structural analysis is not widely applicable. The greatest criticism is that he has compressed under the name of 'psychopathic personality' a variety of conditions which do not belong here. If one studies the different classifications more carefully, it immediately becomes evident that by far the larger number of these groupings fall under the heading of what the practising psychotherapist has come to know as "Neuroses." Certainly, even from Kahn's own description of the second group—the anxious—it is very difficult to see in it anything other than the anxiety neuroses. Equally the fourth grouping, the compulsive, is nothing else but what we call "compulsive neurosis." Grouping thirteen does by his own admission belong to the hysterical, and so on all along the line. There may be only one or two in these groupings that could by any reasonable stretch of psychiatric imagination be called true psychopathies, as for instance, the ninth group, the affectively cold. One is willing to grant that in the instance of more or less ill-defined symptomatology, that we may put the particular case into psychopathy if we are not clear that this is a case of neurosis or psychosis, but why include in the group of psychopathies instances that are clearly and unmistakably neurotic and hysteric is more than the reviewer can fathom. It is here that we meet with one of the weakest points in the whole book. Nowhere throughout the book is there given a clear-cut exposition on what neurosis is and unless and until this is done the concept of psychopathy as developed by Kahn is too all-inclusive to be of any value. Science moves from the general to the specific, from the generic to the concrete. With better understanding of psychiatric material and more refined tools of differentiation at his disposal there is no excuse for the present day psychiatrist to put neuroses into the undefined and undifferentiated group of

psychopathies as psychopathy is understood to-day.

There remains, however, praise for Kahn's psychosomatic approach. This healthy attitude has much in its favor and well may become an invaluable tool in our future problem of research and exploration. His emphasis on the role of *Anlagen* in the production of the psychopathic personalities is all important. Not that it is the key which will unlock the door to every personality. But it will open the way to the understanding of one group of psychopathic personalities. For lying within this vague term is the true psychopath and, when he is separated out from his brother psychopath who is truly neurotic or a larval psychotic the true psychopath will shine forth distinctly as one whose roots are totally imbedded in the *Anlagen*.

Kahn has attempted to study the psychopath on the basis of personality construction. He considers that, psychologically, the personality consists of three strata—impulse, temperament, and character. In the psychopath these strata, either singly or in combinations, deviate quantitatively from the normal. Impulse and temperament have their bases in the physical, while character is completely psychic. Thus the roots of the personality are to be found in both the psychic and the physical. As a result the ultimate base for the personality is found in the *Anlagen*. From such a conclusion, that the pattern is laid down at birth, Kahn decides that the outlook for the psychopath is poor.

It may be desirable at this point to compare Kahn's work with that of Hen-

derson. Kahn and Henderson are in close agreement in their broad concept of the meaning of the term 'psychopath' as including all cases between the normal and the psychotic. Although Henderson appears not to include the neurotic in this group, his case presentations show clearly that in his own mind this is where they belong. Kahn's psychosomatic approach is not far removed from Henderson's psychobiological approach, but Kahn's evidence makes for a better argument than that of Henderson with its careless use of words.

Here their paths in this unexplored jungle separate, each hewing his way onward with different tools and various success. Kahn feels the need for multiplicity in classification while Henderson seeks to narrow the field and limit the groups. Kahn incorporates useful portions of the Freudian and Jungian concepts into his scheme, but Henderson is hostile and bitterly rejects anything tinged with psychoanalysis. An exploration and analysis of the underlying personality is Kahn's ultimate goal where Henderson's aim seems to be in the direction of behavior which is only the top soil. Henderson makes little progress with such tools as he uses. Kahn's tools are far better and, although the jungle grows darker and the maze thicker as he progresses, there still remain tools at hand for further advance. To Kahn, who has penetrated deeply into the thickets, the outlook appears gloomy, while Henderson, who is battling hard to cut a path, has for the future the optimism of the beginner.

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## Abstracts From Current Literature

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### A - Psychoanalysis

THREE CASES OF KLEPTOMANIA. H. GRELINGER. *Journal de Neurologie et de Psychiatrie*. 40:105-117. March 1940.

Three cases are analyzed by the author and certain conclusions are drawn which seem to be common to the three. These could be summarized as including a typical correlation between the act of stealing and of masturbation, particularly in the two cases of children, oral sadism equally marked in the three cases, and a characteristic attitude with respect to the mother. The trend of stealing is towards robbing the mother of something which, of course is a fantasy of depriving the woman of the penis. The tendency of the children studied was marked exhibitionism. Kleptomania, therefore, is attended by a regression usually to the narcissistic level. As an act theft has a genetic relationship with the impulse which leads the individual to identify himself with the stolen object. Among children it is one of the elements of an oral incorporation process. The educative process set up by the community, of course, obliges him to sublimate that tendency but it continues to exist in the unconscious and can be manifested by impulsive acts. The libidinal drive has a tendency to detract from the act (stealing) and to find a compensation from another source. Thus, as we have found it is not the object itself but rather that which the object symbolized that gives the chief libidinal investment. One can differentiate three forms of theft. First, stealing for the intrinsic value of the object stolen; second, the objects stolen represent a symbolized erotic desire (fetichism); third, libidinal investment in the act of stealing itself rather than the object which is essentially a form of vengeance perpetrated upon the victim (kleptomania). Thus, a sharp distinction is made by the author between the form of sexual deviation known as fetichism and that which involves a chief interest in the act of stealing rather than the object itself which is known as kleptomania. Obviously fetichism contains a much more highly erotic element than kleptomania. The kleptomaniac has first the pleasure of despoiling his victim and second the attainment of the objective of giving a conscious basis to an unconscious feeling of guilt, and third of obtaining a feeling of partial relief from tension and even self-chastisement.

*Case Number 1* - Children's Court Case, boy age 16 years, family history negative. At the age of 11 he stole a large quantity of pens from his teacher and distributed them to his playmates. The on-set of puberty was marked by a series of incidents, such as, arranging a rendezvous with an adult male pervert, sexual by-play with boy companions older than himself, and excessive masturbation. His father frightened him out of this practice by telling him that he would become insane if he continued. From that moment thefts directed against the mother became apparent. He stole her pocket-book containing a fair sum of money, ran away from home and was away some days before being apprehended. His purchases during the period were of interest. He bought and consumed a large quantity of lemon drops which is significant of the oral regressive tendencies noted in these cases. Also he had his picture taken and framed which was to be presented to his father. Identification phenomena in this act is obvious. He bought a bag decorated with a death's head which is a regressive phenomena be-

cause it had associations with the most delightful period of his school life which he was constantly trying to recreate. This case presented a particular sequence of symptoms which is typical of many cases of kleptomania. The actual act of stealing is preceded by an erotic feeling which may mount to a state of voluptuousness. The act of stealing is followed by a fugue in which the details of events immediately subsequent to the act are poorly recalled. Once the object is possessed it has very little further value to the kleptomaniac and frequently a strong sense of shame and of guilt at having committed the act will ensue. The kleptomaniac may then attempt to restore the object either in fantasy or by actual replacement. The image of restitution undoubtedly is a genital symbolization of the restoration of virility after despoilation. The fugue state in this particular case was accompanied by a considerable amount of fantasy in which the process of restitution was always made to the mother on the basis of returning the stolen object increased many fold.

*Case Number 2* - The son of a tombstone maker living in the town of Zandamm. At the age of 12 the boy lost his mother and the father took residence in the town of Layd, remarried with a woman much younger than himself and established a new type of business. His son's conduct showed a recurrent tendency to regress back to the happier days when he lived in Zandamm and his mother was alive. Certain peculiarities, however, were apparent even prior to the migration of the family to another city. At the age of 4 the child saw his younger brother suckling at the mother's breast and was overcome by such a storm of anger that he had a violent attack which necessitated his being rubbed with snow to bring him to his senses. The foundations of oral sadism were considerably strengthened by this early incident. Soon afterwards he stole a pocket-book from his mother. At the age of 8 with some accomplices he broke into a house and was placed upon probation. He complained that his younger brother was the favored child who received everything while he received nothing. He became intractable. His first resistance to authority was followed by a phase in which he tried to win over his father to his ideas. The ambivalence shown is the desire to recover his mother who alone could bring back all of the things of which he was deprived. The boy refused to believe that his mother was dead and unattainable and he consistently held to the belief that she was being purposely kept from him. He was placed in a laundry but during a period of three months he stole collars, shirts and other linen to the value of 100 florins. These thefts were often done to revenge himself upon his father, especially when he had been refused a favor. In this way he believed that he took only what was right and what was refused him. It is significant, however, that when his father agreed upon the insistent demands of the son that he be apprenticed to a tombstone worker that the boy became more tractable and stated that this was the only thing the father had ever done of which he approved. The regression to the days at Zandamm are evidenced here. A final attempt at recreating the earlier days with his mother came in the stealing of a comb from his grandmother, bicycling to Zandamm and spending the night there. In a state of extreme agitation he rode about his old haunts and then decided to visit his former home. He was unable to bring himself to ringing the doorbell and in his state of futility broke down into indignant rage and a crying spell. He was ashamed of himself for stealing the comb and desired to return it to his grandmother but did not know how to do so. The thought of consulting the physician who had seen him previously came to his mind and he reported to him for further advice. In this case there is the usual impulse on the part of the kleptomaniacs in the stealing of something from the mother (grandmother) in order to return it finally. Each act was accompanied by erotic feelings centered upon the act rather than the object stolen. Excessive attachment to the mother was found to be characteristic for each of the three cases but in this especial case extraordinary efforts were made on the part of the patient to recreate the earlier days of association with his mother. Various deceptions are employed by the child to bring about rapport with the mother. Those deceptions

manifested themselves at first under the form of oral sadism (strongly emphasized in this case by the psychic trauma of seeing his younger brother nursed by his mother) anal eroticism and finally the phallic phase.

*Case Number 3* - A woman, age 53 years, coming to the attention of the police on account of the shoplifting of a wrist watch in a watchmaker's store. The motivation of the act was typically that of a kleptomaniac. A record of previous thefts, most of which were of objects having minor value, were listed. The woman was six in a family of seven children. Two of her sisters were neuropathic. Violent quarrels occurred constantly between her parents. As a child she frequently lay trembling in bed listening to the violent altercations between her parents. She feared her father who frequently beat her mother and the other children. A strong attachment between the mother and the patient was evidenced at an early age. The patient suffered from nocturnal enuresis until the age of 14 and was much ridiculed by her brothers and sisters. She was quite thrilled by making fires out of small bits of paper and of wood. This tendency persisted until the age of 20. On-set of menstruation occurred at 15 years. The periods took place every three weeks and were especially painful. At the age of 18 she set fire to a wooden partition which gave her a thrill of delight. The author stresses the fact that masturbation must have been excessive and persistent in this case by the internal evidence of the case although the patient emphatically denied the practice. She married at the age of 23 in order to raise a family. At no time did she ever display any deep affection for the opposite sex. A son was born to her somewhat late during marriage life due to the necessity of an operation for retroflexed uterus. The patient was frigid and entertained ideas that her husband was unfaithful to her. The jealousy increased markedly after the birth of the son and she reproached her husband frequently and in a degrading manner in violent quarrels that took place before her son. Her husband's business took him away from home for days at a time and during one such interval the patient sold all the furniture in the house at a ridiculously low price. She explained this peculiar act by saying that she didn't know why she did it but possibly had a desire for something better. So disturbed was she mentally at this time that a diagnosis of hysteria was made. She was in a confused state and suffered from severe headaches and persistent nausea. The episode lasted only a few days but the delusions of jealousy deepened as time went on. She invented fantasies to the effect that her husband was bringing women into the house during the night and that she even heard the sounds of the opening of doors when he let the woman in. Degenerative changes gradually made their appearance and from a state of frigidity the patient developed an insatiable craving for intercourse, giving as her explanation for this to the physician that she wanted to have her husband entirely satisfied with her instead of keeping his attentions for other women. Perverted practices made their appearance. At the on-set of the menopause the patient had violent hemorrhages which necessitated a curettage and X-Ray treatment. The result of this was sterilization, frigidity and complete denial to her husband. An implacable hatred developed for her husband "I could kill him." The patient fell into a state of depression in which she was inert, had dreams of persecution, suffered from hallucinations, and had various body complaints. It was at this point that kleptomania developed with the entire clearing up of depression, anxiety and other mental symptoms. The theft had the therapeutic power of lifting her mental burdens from her. Even her delusions about the infidelity of her husband, as well as her hatred for him greatly ameliorated. The first type of theft was that of stealing pocketbooks from department stores. She loved to run her fingers over the smooth surface of the pocketbook, fondly lifting it up and placing it back again (masturbation substitute). A feeling of voluptuousness would come over her, described by her as a sort of tickling sensation suffusing her from her abdomen to her feet, and analogous to the feeling that came over her when she was approached sexually by her husband but having for her a much greater thrill than any sexual rapport. Once the



theft was accomplished a feeling of tension release ensued. She had no further desire for keeping the pocketbook once it was taken out of the store and on several occasions she even made attempt to return the article. Another incident occurred in a fruit store where she had ordered potatoes but seeing some apples nearby decided to steal some of them when the storekeeper was not looking. She obtained peculiar pleasure in sinking her teeth into the stolen apples. The culmination of these thefts occurred when she took a wrist watch at a time when she was pricing an alarm clock. On leaving the shop she encountered a fat man and apparently her bag was snatched from her at that time. Upon returning home she no longer desired the wrist watch but thought of ways and means of its return. She went back to the watchmaker asking him if he had seen her money and he in turn told her of the loss of the wrist watch. She consoled him but did not return the watch at that time. The following morning at four o'clock she got on her bicycle and took the wrist watch back to the letter box of the watchmaker and returned home happy. The police called the next day and questioned her and she had the impulse to go back again to the watchmaker to see if everything had been straightened out. She reiterated to him her innocence in the affair after which she had an impulsive desire to steal something and the result was in her taking a box of cigars at a nearby store. It will be noted from the above discussion of the case that it conforms closely in mechanism to the other two cases reported in this article.

V.C.B.

INFLUENCE OF EARLY ENVIRONMENT IN THE DEVELOPMENT OF NEUROSIS AND NEUROTIC CHARACTER. JOHN BOWLBY. *International Journal of Psycho-Analysis*. 21:154-178. April, 1940.

About 150 cases studied over a period of three years at the London Child Guidance Clinic form the basis of the material for this paper. Though none of these cases was analyzed fully, a large amount of work has been done on them—sufficient to obtain reliable evidence on issues which are difficult to investigate in an analysis. The limited attention given to "environment" in analytic literature seems to be the result of the poor opportunities afforded in investigating the problem.

Environment among adults is more a matter of choice rather than of circumstance, hence, the interest in this paper is with the environment of infancy. The role of environment in the development of neurosis was studied from an analytic view. Certain factors were not considered in the investigations: economic conditions, housing conditions, the school situation, diet, and religious training. Rather, attention was focused upon the emotional atmosphere of the home and personal environment of the child. Many studies of the environment of neurotic children are lacking in the consideration of data concerning the early period.

Factors considered in early environment included: history of the child's relations to his mother, whether and why any separations from the mother existed, the emotional treatment of the child by the mother, illness and death in the family and their effects on the child. These blend to give a fairly comprehensive picture of the mother's unconscious attitude towards her child. These factors of the early personal environment affect the child—but how much and in what matter are matters of question.

The incidence of certain early environmental factors appears so great that their elimination in early childhood would have produced an individual not suffering from neurosis. The following views, therefore, suggest a general theory of the genesis of neurosis. Environmental factors of a pathogenic character can be divided into two major classes. The first includes those items which have been in operation since the earliest years of life and appear to influence the whole outlook of the child. The sec-



ond, those operating from the age of five and on which can be considered as precipitants, and, hence, will not be emphasized in this paper. In the first division, the factors responsible for neurosis fall into two groups: specific events, such as death of the mother or prolonged separation of the child from his mother, and, second, the mother's emotional attitude to her child including handling of feeding, weaning, and toilet training.

The separation of the child from its mother can be termed "broken mother-child relationship." While broken homes have been considered a cause of increasing a child's conflict and especially for increasing delinquency, the broken-home is not nearly so important as its result, the separation of mother from the child. Thus, in place of "broken home," the more comprehensive term of "broken mother-child relation" should be used. Clinically the children in this group are isolated, emotionally withdrawn, lacking in the ability to develop libidinal ties with other children, or adults, and they have few or no friendships. Sixteen cases of children who were unaffectionate and given to criminal activities are reported in scant record. Only two of these did not have broken mother-child relation. Thirty cases of other types of thievery included five, and 44 cases of non-stealing included three, breaks in mother-child relationship. Since the writer has had no opportunity to gauge the occurrence of this condition among normal children, conclusions must be tentative.

The etiological role of the environment in the second group is less clear. There are many children who never suffer from obvious psychological trauma, who are well looked after by their mother, are well cared for, and who come from a relatively stable home, yet they develop into neurotic children with great anxiety and guilt and abnormally strong sexual and aggressive impulses. One factor stands out in these cases: the emotional attitude toward the child and the personality of the mother. Certain types of mothers seem to have an influence which increases the sexual and aggressive impulses and phantasies as well as the anxiety and guilt feelings of the child.

Fathers, no doubt, have an indirect effect on the child. A father influences the mother's handling of a child by his behavior towards the mother. By being kind, helpful, and sympathetic, the father can reduce the emotional state of the mother, and thus help her to be more patient with the child.

A particularly common type of mother is one who has a strong unconscious hostility toward the child which is expressed by an over-protecting attitude, unwillingness to allow the child out of sight, fussing over minor illness, *etc.* Most of these mothers are neurotics and did not want their children. Another type of mother is one who must see only good in herself and can not bear criticism or hostility. In this type we find a pathological fear of conflict.

The influence of early environment is further exhibited in the variation of children of the same family in their degree of instability. Inherited disposition is usually pointed out as the factor causing these variations, however, the emotional atmospheres in which each child is reared differ widely and these are more likely the cause of the variations in instability. A mother's absence from a family will affect a child of two differently from the effect on a child of ten. The mother's feeling toward the various children also enter the picture. One child may have been wanted, another of the wrong sex, another may have arrived too soon, *etc., etc.*

Some conclusions that we may draw are: we should be extremely cautious in recommending that small children be separated from their parents; advice to neurotic mothers on treatment of their children only tends to increase their sense of guilt and causes them to look upon their children as more of a menace, therefore, advice should not be given but a weekly interview with an analytical approach to their own problems of childhood should be held; the analysis of the interplay between internal and external forces helps the child most; a working knowledge of the characters of the

child's parents helps in analysing the projections made on his parents by him, thus, a child must be helped to think of its parents as not entirely good but must be made to see that somethings were unlovable in the mother and, in this manner, face reality.

CHESTER D. OWENS, *Woodbourne, N. Y.*

SUICIDE AS WISH - FULFILLMENT. IVES HENDRICK. *Psychiatric Quarterly*. 14:30-42. Jan. 1940.

The analysis of an unconscious plantasy of a patient, acted out to an almost successful suicide attempt, showed essential differences between the mechanism of this attempt at suicide and those attempts of others occurring during depression.

The case history revealed the pertinent data wherein this abortive enterprise found its roots in unconscious phantasy of the patient. The patient was an unmarried professional woman, 38 years of age. Several years before the present examination she had attempted suicide by taking 20 allonal tablets. She was found asleep; hospitalized; and later resumed social and professional activities. In the second attempt, she "rolled off" a bridge. She was rescued; hospitalized; and on release, spent six months in seclusion in her home. Her mother was very dominant and imposed a rigid concept on how life should be lived. The patient had a older brother who had died serving as an aviator during the World War. She idolized the brother and the fact that he had had no love affairs distressed the patient to a great degree. She had been engaged for four years without a kiss to a pious youth. But, immediately after the death of her brother, she renounced her fiance and went to a distant city to indulge in promiscuous sex acts. During these periods she phantasied that her brother had done the same before his death in France. In later years, she rejected the idea of marrying any of her lovers, because they were socially or intellectually her inferior. She held her father in contempt because of his failure to achieve in the working world and because of his submission to her mother. These dominant features of her heterosexual life and family attitudes convinced the analyst that the only one she had actually loved was her brother. When this was told her, the repressed phantasies associated with her second suicidal intent were worked out.

On the morning before she fell off the bridge, she had decided to commit suicide by either repeating the first effort and burying herself in the woods, or, by taking a boat to Europe and jumping off at the half-way point. She wore tom-boy clothes associated with playing with her brother. In addition, she arranged her attempt so that her family would not know of her death for two months and there would be no funeral. She drove in circles for sixteen hours. The patient failed to recall how she arrived at the bridge, but remembered striking on her ear, as the airplane wing of her brother's ship had struck the ground. During her amnesia of sixteen hours of going around in a circle, she recalled later, she had visited a man who had been very brotherly to her. Several days after her attempted suicide he visited her. After his departure she immediately commanded all of the attention of a man living in the hospital. At the same time she felt that the only way she could go back to everyday life was to be a gangster's woman. These materials showed how the place of the suicidal attempt had been determined by the home of the man who was associated with her brother and the corresponding inhibition of erotic behavior.

The patient had had several homosexual affairs. These actually forced her to her second suicidal effort. The first was with an elderly woman who continuously reminded the patient of her mother. The patient, however, could not break away until a younger woman enticed her and became her partisan against the older woman. In this manner the patient had unconsciously duplicated the seduction of her younger sister

into an alliance against her mother. The patient actually controlled the sister-surrogate's choice of clothes, apartment, recreations, and intellectual pursuits, although the sister-surrogate would pretend that she was dominant and emotionally dependent. Later she noticed the younger woman talking to the older. A homicidal tendency based on jealousy and hatred was transformed to a suicidal plan. The suicide had been reaction to her desire to kill the mother-surrogate who threatened to win the sister-surrogate's love. The relationship with the younger woman had been looked upon as "ideal." The beloved had been thought of consciously as a dominant man and unconsciously as both father and brother. The core of the phantasies was that the patient would bear the beloved a child. In fact, their delusional pattern scheme was such that they actually talked about the expected youngster. The beloved had become not only a baby sister, a comrade, a sexual partner, and a substitute for man, but the focus of all libidinal needs.

The material shows that in this case extraordinary conditions arose when the only solution to emotional frustration was an act which fulfilled the wish to identify the patient with her brother in the act of dying. This is different psychologically from the fact of death. There is no evidence that this patient had identified with the lost object (her brother) as occurs in typical depression. On the contrary, her identification with the brother-surrogate dominates the picture. In depression, the effort to die is the consequence of an identification, while in this instance identification is the purpose for dying. As the brother was perfect as a male only in his dying act, this became the symbolic reproduction of this act which represented phallic omnipotence and mastery of the mother, and thus became the immediate goal of all her instincts. This suicidal attempt represents a different escape from aggression, libidinal frustration, and anxiety, rather than an act of self-punishment. It is not a consequence of identification, but an effort to solve this terrible crisis in the patient's life by achieving an identification with the act of a hero.

The patient ended her treatments against advice. She married a lifelong friend whom she had considered beneath her culturally. At present there is no information on her marital adjustment.

CHESTER D. OWENS, *Woodbourne, N. Y.*

TRUANCY AS A SYMPTOM (A Psychoanalytic Approach to an Integrated Program of Attendance Work). BURRILL FREEDMAN. *The Psychiatric Quarterly*. Supplement No. 1. 14:17-22. Jan. 1940.

This article points out the value of using a modified technique of psychoanalysis in the handling of truancy problems and that such a procedure should give better therapeutic results than the purely social approach. The modifications of techniques suggested are the use of free association methods to gain entrance to the unconscious. Liberated affect would be used for interpretive re-education. Additional modifications in technique involve shorter periods of guidance than in the treatment of mental disorder. For example, two hourly sessions per week would be required instead of the four to six used in other types of analytical work. The virtual absence of intrapsychic conflicts and regressive phenomena seen in truancy cases contra-indicate analyses penetrating further than middle depth. The test of the success of any analysis rests upon the degree of transference that has been obtained. Obstacles are encountered in the treatment of truancy cases that do not obtain in the treatment of mental disorders. For example, the truant does not come in of his own free will. He is inclined to identify the attendance workers with the symbol of authority that he is so desirous of avoiding and, hence, transference barriers are more common in these cases than in mental

disorders. The analyst must expect the transference will be less concentrated and intense, but that it has gained in greater mobility. Object relationships will be much weaker than occurs in the analysis of actual neuroses, hence, the transfer will probably be shared with psychiatrist, psychologist, social worker and perhaps other members of the staff. The question and answer method of the approach to truancy is entirely futile. Depth methods secured by penetration of the unconscious through modified analytic technique give the most satisfactory results. Truancy expresses itself primarily as a conflict between the individual and a social institution (home, school, attendance authorities, etc.) rather than as an intrapsychic conflict. As a mass phenomenon it is also a symptom of intrasocial contradictions. In this sense, truancy is essentially sociogenic.

The author outlines the different stages through which an analysis passes in order to be translated into therapeutic results and calls attention to these stages as being strictly progressive but overlapping and incomplete. He emphasizes the fact that these complete stages cannot be attained in an analytical treatment of truancy, but that a modification of the methods as outlined above is necessary.

V. C. B.

### B - Neuropsychiatry

EMOTIONAL PROBLEMS OF ADOLESCENCE. CAROLINE B. ZACHRY. *Bulletin of the Menninger Clinic*. 4:63:73, May, 1940.

While the physical and the mental life of individuals and groups have been reported clinically, the emotional phase of individuals and groups has been neglected. The various factors making for health include the emotional side of life which has both unfavorable and favorable characteristics. The unfavorable factors are: lack of self-control, temper, unrestrained weeping, great aggression, and rage. The favorable features of the emotions include: love, response to persons, excitement and interest in a scientific enterprise, appreciation of beauty, etc. The favorable emotional expressions and education were usually thought of as being separate realms until recently when the barrier of isolation has been broken down to an extent.

Two emotional needs are, the feeling of putting oneself across through achievement and the feeling of being wanted and secure. Security is found in the family and among outside acquaintances. Failure to obtain these lead to behavior problems, demonstrative dressing, pseudo pains and aches, etc. A child should feel that it is loved by its parents for itself and not for its achievements. Inter-personal relationships are of such value to the health of an individual that a systematized check should be made on the possibilities of achievement and if these be limited a new criterion should be established. Even in the field of the feeling of being wanted and security, certain revisions should be made as in dressing the baby on the mother's lap instead of on the table or breast feeding rather than bottle feeding so as to assure more contact with the human body.

The father should assist in developing the emotional side of the child's life so as to extend the horizon of contacts with other humans besides the mother. For the boy, the father becomes the ideal of what he would like to be in later life; for the girl, the father represents the first contact with a person of the opposite sex. A girl makes her adjustments to men later on largely on the basis of her experiences with her father who may be emotionally mature or not.

The child extends its emotional life when it enters school. The teacher becomes a mother substitute. Love for others of the same age level, the development of the

gang spirit with its secret society and secret language which excludes adults, and the substitution of gang "rules" for parental "rules" characterize the period. Loyalty and responsibility to the gang, a feeling with others and contributing to them, and greater self-adequacy are developed and they all lead to the socialization of the individual to the point of extending these qualities to the community and society at large.

Children should not be made to think in adult terms. Putting adult responsibilities on them results in strain and anxiety. The normal emotional life of the school-age child should be examined, its value should be determined, and procedures for assisting a child to a maximum emotional life should be adapted. In order to understand the physical, social, emotional, and intellectual growth of adolescents, a five-years study was established by the Progressive Education Association. Its objective was to determine how education could assist in the development of these factors. Some eight hundred adolescents were examined. The materials covered "physical histories, frequent and regular physical examinations, body-build pictures taken in the nude—family histories—school histories—community studies—observations, diaries,—creative art—intelligence tests and achievement tests." The data were collected, summarized, and discussed by: educators, pediatricians, psychiatrists, social workers, social anthropologists, and psychologists. Educational plans were worked out to promote individual growth and the findings were turned over to and discussed by a group of educators seeking desirable changes in the secondary school curricula.

Findings included: a desire to grow up accompanied by a desire to remain in childhood which was further complicated by the attitudes of the parents toward the maturation of the adolescent; most adolescents need an adult outside of the family to talk over their philosophy of life, religion, and ethics—a scoutmaster, camp director, or teacher serves admirably in this way; adolescents feel the effect, assumed or real, of physical defects very keenly; changes in their body influence their psychology and manner of looking at life; adolescent girls desire to experience the emotions of a married life as well as those of a career, hence, they desire both; and the inability to obtain a position as a result of the depression has turned many back into an infantile situation in which childhood is prolonged.

Education can take a limited but essential part in meeting the needs of adolescents. Human physiology should be studied so as to allow the child to understand the physiological changes taking place within themselves. Art courses may develop a more wholesome attitude toward the body. Social science classes will lead to an understanding of social and economic processes and changes. The school, however, can not make up for the lack of acceptance and position in the community. Adolescents must receive from the community a feeling of importance and one of being of worth. If opportunities are afforded adolescents so that they understand their worth to the community, mental illness, physical illness, emotional problems, and crime and delinquency will gradually be reduced.

CHESTER D. OWENS, *Woodbourne, N. Y.*

BEHAVIOR PROBLEMS IN NEGRO CHILDREN. LAURETTA BENDER. *Psychiatry*. 2:213-228. May 1939.

The question that is raised prominently in this paper is whether or not hereditary traits, racially determined, are perpetuated in the negro or whether his differences from the white may be explained upon acquired characteristics based on social and economic situations. The author is inclined to take the latter viewpoint although credit is given for deviations in structure in function based upon intellectual levels, reactivity of the vascular system and special deviations related to hypertension and perhaps syphilis.



The fact that there is proportionately a greater number of negroes requiring public care on account of anti-social conduct is to be attributable to social and economic factors rather than racial characteristics *per se*. This viewpoint, of course, is much more hopeful for the ultimate readjustment of conflicts in negro children and places the matter of their readjustment clearly as an obligation of the community itself.

More specifically, the author calls attention to certain trends which definitely indicate the need for prompt readjustments on the part of the community towards the negro problem. The number of negroes on relief is four to five times the proportion of negroes in the total population as revealed by the New York City Council report of 1937. The incidence of delinquency among this group was very high both for the States of New York and New Jersey. The admission rate of behavior problems among the negroes for observation in the Psychiatric Division of Bellevue City Hospital has been steadily rising as is likewise true of the New York State hospital and correctional systems.

Medical literature has stressed for many years the apparent predisposition of the colored race for certain types of mental disturbances. It has been said that the negro is more prone to emotional disturbances related to the manic depressive group than to schizophrenic psychoses. Sydenham's chorea has been considered uncommon in the negro child. Negro children have been considered to be physically inferior to white children both as to body build, weight and time of birth to maturity. The brain weight has been considered to be less and as a consequence the general intellectual capacities of the negro have been placed at a lower level than those of white children. The author makes a case against these contentions on the basis that many of these apparent differences are either fallacious or are the result of environmental or economic conditions. Thus the physical inferiority may be based not upon hereditary factors but rather upon the fact that negro children in many instances are not properly cared for during the important first three months of life. They do not have the proper feeding and nursing care. The emotional instability of the negro has been found to be ephemeral and differs qualitatively rather than quantitatively with the white. The negroes, however, show a general mesodermal reactivity which predisposes to keloid growths, myofibromas, rectal and urethral strictures and a general predisposition to aneurisms and general vascular bed disturbances.

An analysis of fifty white children of school age and fifty negro children from the same series showed that the negro children are no more deviated than the white either in grade placement, reading, or arithmetic accomplishments. One must take in consideration, however, that this represents a rather highly selected negro group and is probably not typical of the general negro population. There is undoubtedly a marked variability in cranial architecture between the negro and the white. The peculiar cranial configuration of the negro possibly lends to a high incidence of mental deficiency, optic nerve disturbances and headaches. A special pattern in behavior seems to be evidenced. Two outstanding characteristics of the race are a capacity for so-called laziness and a marked sense of rhythm and ability to dance. The dancing, of course, represents special motility patterns and tendencies. Narcolepsy is frequent for the race. There is a rather high incidence of special deviations in behavior among negro children, such as, stubbornness and negativism. The incidence of hallucinations, elaborated fantasies with nightmares, night terrors and in general periods of excitement with dramatized behavior is high. The inner fantasy life of pre-puberty children is decidedly richer than among white children. This is often revealed especially among adults in the intense religious interests of the negro group. Negro children are exceptionally free of restraint in telling of their sex experiences. In general, sex misdemeanors, especially among negro girls, is considerably higher than is the case of the white children. However, the negro race takes a much broader view of the whole picture of sex relation-



ships. Makeshift family relations lead for all sorts of maladjustments among negro children. Illegitimacy is quite high and in many instances negro children have no knowledge whatever of either parent. Negro children are very casually adopted with the result that disorders based on familial relations are proportionately high. Perhaps the majority of behavior problems in negro children can be analysed back to the problems relative to the family constellation and emotional relationship or ideologies that grow out of the family social life.

V.C.B.

APPARENT SEXUAL MURDER. J. RAHSEK. *Gerichts-Med. Inst. Akad., Düsseldorf. Münster i W. u. Düsseldorf*: DISS. 1936. 20 S.

Fifteen cases are being described which, in spite of similarity to sexual murder, have to be negated because the sadistic sexual motives are not responsible for the crimes.

Superstition, cannibalism, veiled purpose and so forth are the real causes. Also very often the sexual phase comes to the surface. In most of the cases one depends upon the confessions of the murderers. These are usually mentally deficient and can rarely give satisfactory explanations of the motives of their soul life which prompted the acts. Therefore, it is very difficult in many cases to differentiate the sexual murder from an ordinary one.

WILLIAM FERNHOFF, Woodridge, N.Y.

JULIUS SCHWARZ, Woodridge, N. Y.

### C-Clinical Psychology

SUGGESTIBILITY IN DELINQUENT AND NON-DELINQUENT ADULT WHITE MALES. VICTOR X H. VOGEL. *U. S. Public Health Report - Supplement No. 127 - Treasury Department. Washington, D. C.*

It has been stated by Jull that, "The relation of suggestibility to delinquency has long interested sociologists and criminologists....it has suspected that at least some forms of delinquency might be due to hypersuggestibility." The present study was made in an attempt to give more information and facts on the distribution of suggestibility in normal individuals and to compare the suggestibility of adult male delinquents tested under identical conditions. Two groups of delinquents were tested consisting of 100 inmates of the U.S. Penitentiary at Atlanta, Ga. and 100 prisoners from the Kentucky State Reformatory. Those excluded from the tests were the ill, very deaf, seriously mentally defective, illiterate, or extremely uncooperative.

The control group tested at Lexington was comprised of adult white males employed as attendants, guards, and those holding other civil service positions and the control group tested at Atlanta was comprised of 22 adult white male clerks and guards. Neither the delinquents nor the controls volunteered for the procedure but were tested in line of duty. The testing procedure consisted of the use of a modification of the Hull postural sway test, which involves the recording on a smoked drum, by means of a thread fastened to the subject's collar, the amount of forward and backward sway resulting from verbal suggestion delivered by a phonograph record while the subject stands erect with his eyes closed. There are two pointers on the recording device which indicate the sway carefully on a sliding scale, calibrated in centimeters,

and thus the forward and backward movements are shown. A phonograph record carrying the voice of the author giving suggestions, an electric phonograph capable of high fidelity reproduction and a screen complete the apparatus.

The subject is brought into the room and requested to stand in a certain designated position facing the screen. Since there is usually a distrustful and suspicious attitude among prisoners toward any kind of a "mental" test or experiment, it was found that better cooperation and results were obtained by having the subject keep his eyes closed than by blindfolding him. There is no explanation given concerning the nature of the test, however, the subject is assured that nothing unpleasant would happen to him while he stands with his eyes closed. Since everyone has a certain amount of normal spontaneous sway while standing with the eyes closed, an attempt was made to determine the midpoint of this natural excursion before suggestion was started. Forward and backward sway was considered significant only when it exceeded the excursion of the spontaneous sway during the first minute of the test without suggestion. The distance by which the forward and backward movement exceeded the spontaneous sway was scored directly in centimeters, with fractions counted as wholes. Zero responses were scored in the cases in which neither the backward nor forward sway exceeded the normal postural sway.

It was found that tested by the postural sway test, the adult white male delinquent did not differ significantly in suggestibility from non-delinquents and plotted suggestibility scores of a group of normal adult white males tend to form a bell-shaped curve common to other psychological traits. In the group tested in this study it was also found that a slight negative response was most characteristic.

JAMES J. BROOKS, *Woodbourne, N. Y.*

A SURVEY OF THE INTELLIGENCE OF ILLINOIS PRISONERS. A.W. BROWN AND A.A. HARTMAN.  
*Journal of Criminal Law and Criminology*. 23:707 1938.

The reports of the psychological examinations given to the 13,454 admissions to the male penal institutions of Illinois between 1930 and 1936 were analyzed. The mental ratings of these inmates were based upon examinations with the Army Alpha (Bregman Revision), the Stanford-Binet and the Arthus Performance tests, The Stanford-Binet rating was given preference regardless of any other test used. Where only the Arthus Performance Scale and the Army Alpha had been given, the former rating was used. However, in the majority of cases, only the Army Alpha had been used. All the ratings were compared in terms of the standard Terman Classification of M.A and I.Q. The average mental age for all the prisoners was approximately 13 years, 11 months on a combined scale. Furthermore the average I.Q. was more or less stationary during all the years. Defining mental deficiency as less than a mental age of 10 years, 6 months (I.Q. 70) at maturity, 10.2 percent were mentally defective.

On the average, these prisoners have the same degree of intelligence as that revealed for the general population by the Army draft in the World War. The distribution of superior and very superior prisoners is quite similar to the distribution in the general population as estimated by both theoretical and actual criteria while there is a larger percentage of mentally defective men than is present in the general population.

JACK SCHUYLER, *N. Y. C.*

A CLINICAL METHOD FOR DIAGNOSING THE SERIOUSNESS OF JUVENILE DELINQUENCY.  
M. DUREA AND J. PATKY. *Journal of Criminal Law and Criminology*. 28:232. 1937.

The article represents a revision of a quantitative method of measuring the degree

of asocial behavior shown by juvenile delinquents. The Delinquency Index (D.I.) is revised in this article in order to make the instrument more adaptable to the clinical analysis of delinquent conduct. To find the revised Delinquency Index: three operations expressing quantitative variations in the extent of delinquent behavior form the basis. There are:

(1) Duration (D): length of time in months a subject has been delinquent as found by institutional records.

(2) Frequency (F): total number of appearances in Juvenile Court.

(3) Scale Values (SV): total of weighted values assigned to the different forms of delinquent behavior committed by a given subject.

In computing the revised Delinquency Index, frequency distributions of D-values, F-values, and SV values were cast into percentile tables. These tables were based on the data from the original study of 368 white boys in the Boys Industrial School, Lancaster, Ohio. Percentile curves were plotted for these values followed by the drawing up of percentile ranks. The percentile ranks assigned to the values in each case were totalled, the sum constituting the revised Delinquency Index. Correlations between the original D.I. and the revised D.I. is demonstrated to be very high.

To illustrate the practical value of the revised D.I. in clinical diagnosis, it was applied to one group of 150 negro boys and a second group of 460 white boys both residing in the same institution three years after the original study. Small differences in degree of delinquency were demonstrated. Negroes tend to be slightly more delinquent on the average than a contemporary white group. However, the variations and differences in the seriousness of delinquency within each group is much more important from the viewpoint of clinical differentiation.

JACK SCHUYLER, N. Y. C.

SUPERSTITIOUS NATURE OF DELINQUENT AND NON DELINQUENT BOYS. A. J. TER KEURST.  
*Journal of Criminal Law and Criminology*. 29:226. 1938.

Defining superstition as "belonging to the fringe of our system of beliefs, chiefly in the non-scientific field," the author demonstrates the difference existing in the superstitiousness of a group of delinquent boys and a group of non-delinquent boys. Denying the significance of belief in stereotyped practices such as black cats, broken mirrors and the like, the author believes these beliefs to be far removed from the beliefs of most people. Therefore the items used in this study were collected to some extent from the literature of certain religious groups and to a larger extent from the beliefs of a number of uneducated individuals. The 200 items collected were rated by seven psychologists as to significance in personality adjustment. The 92 items judged most significant were used as a test. A certainty scale, Very Certain, Almost Certain, Fairly Certain, Uncertain and Impossible," was used by the subjects in indicating their responses.

The test was administered to 95 delinquent boys in the School for Boys, St. Charles, Illinois and to 78 boys in the ninth grade of the Evanston Township High School, Evanston, Illinois. The delinquent boys as a whole, were a year and a half older than the non delinquent group and below the school grade of the non-delinquent group. Belief in the various items was assumed if the subject responded as being "Very Certain, Almost Certain, or Fairly Certain."

The mean percentages of acceptance were found to be 39.40 per cent for the delinquent group and 17.75 per cent for the non-delinquent group. Beliefs concerning the animistic role of Nature and evil spirits were accepted by a relatively large percentage of the subjects whereas beliefs involving the crossing of fingers, the wearing

of garments *etc.* were accepted by a relatively small percentage of subjects. The delinquents boys accepted the beliefs involving evil spirits, the right of property and obedience to the law to a larger degree than the non-delinquent group.

JACK SCHUYLER, N. Y. C.

THE FUNCTIONAL AUTONOMY OF MOTIVES. G. W. ALLPORT. *American Journal of Psychology*. 50:141-156. 1937.

The problems of personality are treated by clinical, theoretical, and experimental psychology. The better-known definitions of psychology give full cognizance to the dependence on the individual mind. Dynamic psychology, that which treats the "motives," and the "why" of behavior, has two divisions: that which considers only the mind in general, and that which considers adult motives as varying from individual to individual, and situation to situation. This paper defends the latter.

This school of dynamic psychology treats each motive from its definite point of origin and discounts the antecedent motives as only historically true, but not functionally operating at any later period. Thus, this theory is opposed to psychoanalysis and any other form of genetic psychology. Adult personality, from this viewpoint, is not infantile in its basis. Freud's concept of the never-changing *Id*, James' *transitoriness* of instincts, and Woodworth's *mechanism*, are thus discounted.

The evidence for functional autonomy is found in: the circular reflex in which an action is finally inhibited by new activities, or fatigue; conative preservation, where interrupted tasks are better remembered than those completed immediately; conditioned reflexes not requiring reinforcement—such as shock from bereavement, war or an accident; the counterparts found in animal behavior (even though a principle in human psychology never needs substantiation by having a counterpart in animal psychology), as the learning of a habit only under a specific tension; rhythm based upon learned habits; neuroses in which symptoms set themselves up in their own rights; the relation between ability and interest, wherein a person wishes to do what he can do well; and the struggles between sentiments and instincts.

The critique of functional autonomy psychology lies in the concepts as given in the previous paragraph. This structure is more satisfying than the behavioristic or purposivistic school. However, combinations of both are found in the proposed school.

The implications of functional autonomy account for the concrete impulses as the basis of human personality. Its advantages lie in: its consideration of traits, interests, attitudes, and sentiments; its consideration of only what is happening at the present; it does not consider the stimulus; its consideration of all other principles of the growth of personality; its accounting for various forms of mental disorder; its consideration of in-particular, rather than mind-in-general.

CHESTER D. OWENS, Woodbourne, N. Y.

EXPERIMENTS ON MOTOR CONFLICT. I. TYPES OF CONFLICT AND THEIR MODES OF RESOLUTION. C. I. HOVLAND AND R. R. SEARS. *Journal of Experimental Psychology*. 23:477-493 1938.

Because of the difficulty of getting motivational and emotional conflicts uncomplicated by other factors, the present study undertook the investigation of conflicts at the motor level where precise control of the experimental situation and accurate measurements of the resolutions are possible. The motor conflict was obtained by having a subject practice in random order two incompatible manual responses and then presenting simultaneously two figures which serve as signals for the two individual re-

sponses. Four manual motor conflict situations corresponding to Lewin's Types\* I, II, III, and another (Type IV arranged by the author) were presented to four groups of subjects. The situations were so arranged that unless the subject blocked completely there were only three possible modes of resolution; responding to first one and then the other, or making an altogether new response which represented a compromise between the two incompatible responses. The following conclusions were derived from the study:

(1) Lewin's statement that Type I conflicts (approach-approach) are usually resolved by responding to one or both of the stimulus objects was verified;

(2) Indirect verification was given to his statements that Types II (approach-avoidance) and III (avoidance-avoidance) conflicts are resolved by withdrawal from the field; both types produced more blocking and compromise responses (III more than II) than did Type I;

(3) These results are shown to be consistent with deductions based either on Lewin's field theory or on a set of 5 postulates deriving from reaction psychology;

(4) The single and double modes of resolution are closely related to each other functionally as are the blocking and compromise resolutions;

(5) Repeated presentation of Type II conflicts indicated a high degree of intra-individual consistency in mode of resolution;

(6) Knowledge that a conflict situation would occur did not greatly influence the mode of conflict resolution nor the degree of consistency of response.

H. R. WEISS, N.Y.C.

#### D-Social & Statistics

SOME MEDICAL ASPECTS OF CRIME AND OF THE CRIMINAL LAW AND THE NEED FOR CHAIRS OF CRIMINOLOGY AT OUR UNIVERSITIES AND FOR CONSULTATION CENTERS IN OUR TOWNS. J.L. MOIR. *The Medico-Legal and Criminological Review*. 8:111-132. April 1940.

The author is concerned about bridging the gap between the medical and legal concepts of mental responsibility for criminal offenses and has the following concrete suggestions to make:

(1) *The establishment of professorships in criminology at the leading universities.* The functions of a chair in this science would be to promote research into the causation and prevention of crime, to establish a system of lectures in medical schools, law schools and in large cities for the general public on the subject of criminal offenses, particularly those of a psychosexual nature. These lectures should be supplemented by curricula in public schools to teach children the futility of criminal conduct. Probation officers, likewise, should have courses of lectures conducted under these professorships. The incumbent of a chair of criminology in a university would also act as a foreman in medical juries which the author proposes should be established to take the place of the present system of expert testimony. His attendance at court on cases involving the mentality of offenders should be a regular procedure.

(2) *The establishment of consultation centers in towns.* Three groups are in special need of treatment, namely, boys and girls in the prepuberty stage should have sex instruction; advice should be given to men and women between the ages of forty-five and fifty-five regarding personality readjustments which occur as involuntal changes in the entire physical and mental make-up of the individual during that period; lastly, elderly men who are subject to impulses of indecent exposure and assault on young

girls should have the benefit of professional advice and guidance.

(3) *Changes in the present system of taking expert testimony on cases involving the responsibility of conduct.* The author suggests the opinions of lay juries be confined exclusively to the decision as to whether or not the accused had committed the act for which he was indicted. The question of mental responsibility should be left with a medical jury composed of three members, the foreman of which should be preferably the professor of criminology of the nearest university. The verdict required of this medical jury should be as to "Whether in their opinion, based on their examination and all facts communicated by the witnesses, the accused at the time of the commission of the offense was suffering from mental illness which would not make him accountable for his actions and not conscious of the mischief he was engaged on or whether he was accountable and conscious of the mischief on which he was engaged." The three possible verdicts offered under this arrangement would be that the individual was not suffering from mental illness, or that he was suffering from mental illness and was not accountable for his actions, or that he was accountable for his actions and was conscious of the mischief on which he was engaged but was suffering from mental illness. In the first event, the offender would automatically undergo court trial. In the second event, he would be committed to a state hospital for mental diseases, and in the third he would be sent to an institution for mental delinquents. The author takes occasion to emphasize the absurdity of dealing with complex mental disorders under the Mc Naughten formula which was laid down a hundred years ago and was merely the opinion of a non-medical person in connection with a single case. Scientific knowledge attained since then has completely out-moded this method of disposing of mental cases.

The author outlines briefly some medical aspects of crime, especially those having to do with sexual assault on young children, homosexual offenses, abortion, suicide and kleptomania. His approach to these psychopathic manifestations is from the viewpoint of the need for a better medical understanding of their condition and the making known to agencies dealing with crime the need for adequate handling of these types of offenders.

V.C.B.

A COMPARATIVE STUDY OF CERTAIN CHARACTERISTICS OF 1000 INMATES OF THE NORTHEASTERN PENITENTIARY. BARKER S. SANDERS. *U. S. Public Health Report*. Vol. 51. No. 19. May 8, 1936. Treasury Department, Washington, D. C.

This is a comparative study of 1000 inmates with special reference to chronological age and was undertaken to determine the differentiation in delinquents and non-delinquents in the matter of age, and its etiological significance in crime. There was also interest in learning the effect that nativity and race, residence, nature of the crime, recidivism, and occupation may have on the age distribution of delinquents.

There was much dissimilarity in the ages of native- and foreign- born whites among the inmates of Northeastern Penitentiary but there was great consistency in different years in the comparative age distribution of inmates according to race and nativity. It was found that for each race and nativity group there was a preponderance of youthful commitments and an intense concentration of ages toward the lower limits. In other words, it was found that race and nativity do not account for the differential age distribution of inmates of penal and correctional institutions. Furthermore, a most outstanding fact in the analysis of ages of inmates of penal and correctional institutions is that, even though there are minor variations from State to State and from one community to another, yet the essential characteristics of age distribution of inmates remain the same, and indicates that these characteristic features are not influenced



significantly by residence. It was also found that the comparative age distribution of first offenders and recidivists showed, on the average, a younger first offender has a greater likelihood of becoming a repeater than an older first offender, and this fact is of considerable importance for parole and in efforts towards rehabilitation. The analysis of age distribution according to crime gave evidence that characteristics of relative youthfulness, a greater concentration of ages, and a less symmetrical age distribution generally hold true for all offenders, and these characteristics were most in evidence in crimes involving violence and directness and they are least pronounced in the less direct and more technical crimes. The report indicated that the unique age distribution of inmates cannot be accounted for in terms of occupational selections, even though there were wide variations in the age distribution of inmates pursuing different occupations. These variations show that occupations which are under close supervision of the law and thus more subject to technical crimes have an age distribution among delinquents which approximated that of nondelinquents. The occupation of an inmate does determine in some measure the nature of his crime.

Emotional instability seems to account best for the type of disparity found in the commitment rates at different ages and this resulting distributional characteristic, and is largely responsible for the greater commitment rate of youthful offenders. As individuals mature they tend to become more stable emotionally. Thus, careful experimental study of temperamental traits of delinquents and nondelinquents may result in the quantitative determination of emotional maturity and stability in different individuals, increase our knowledge of the etiology of crime, and help in the better selection of good risks for parole and other forms of conditional release.

JAMES J. BROOKS, *Woodbourne, N. Y.*

### E - Medicine & Biology

PERSONALITY FACTORS IN ALCOHOLIC ADDICTION. NOLAN D. C. LEWIS. *Quarterly Journal of Studies on Alcohol*. 1:21-43. June 1940.

A large part of the article is taken up with discussion of the various schools of thought regarding the explanation of alcoholism which seems to be the result of some deep-seated necessity of the human race.

Pierre Janet considered alcoholism as dependent upon a weakness of the will and that the habit was started by some physical or mental stress. Alcohol mobilizes the defensive or compensatory forces of the organism as a result of a constitutional inferiority or as a result of over work and intense emotionalism during which the individual has fallen into a state of depression. Certain individuals have discovered that the effects of alcohol enable them to complete the satisfaction of certain desires and, therefore, they become addicts. To Janet, the results of alcoholism are not primarily those of an intoxication.

Pierce Clark considered that alcohol liberates the fundamental faults in the psycho-sexual evolution of the individual. Many alcoholics exhibit an increasing regressive state as they approach narcosis, passing through the stage of homosexuality to narcissism and thence to primary maternal identification.

Karl Abraham in 1908 made a series of deductions from observation of alcoholics from an analytic viewpoint, many of which have been sustained by later investigators. He considered it to be a fundamental fact that homosexuality always appears in every drinking bout. Men are more prone to individual drinking than women. Normally the sense of modesty arises through the repression of scopophilia and exhibitionism, but these give way before the use of alcohol. Normally, sadism and masochism are dis-

posed of by the process of sublimation and may be expressed as pity and dread. The use of alcohol, however, releases these primary impulses. Normally, incest is dealt with on a sublimated basis of parental love and dutiful respect of the parents. Alcohol causes the regression of the individual to the primary levels. In general, alcohol removes the inhibitions which are the products of sublimation and seems to stimulate the complexity of masculinity. Out of this has grown certain legends concerning drinking and the power of virility. A man has not been considered virile unless he could drink to excess and "handle his liquor well." A non-drinking man has been considered a weakling. In analytic terms, the drink of the Gods has been equated with human semen. From this viewpoint, alcohol has been considered as a substitute for potency. Chronic alcoholism by destroying sublimative processes eliminates the finer feelings of the individual and causes his regression to primitive means of gratification. The sense of diminishing potency gives rise to the well-known delusion of jealousy so prominent among chronic alcoholics. The sense of guilt of the individual is displaced by projection on the woman and she becomes accused of infidelity. Abraham considers alcohol as a neurosis and a sexual perversion. The chronic alcoholic does not care to be cured of his affliction and repulses any attempts toward a cure in the same way that a neurotic individual repulses the analyst. Many people of neurotic disposition are inherently inclined toward alcoholism but actual indulgence does not occur because the individual finds that he has no tolerance toward it and, therefore, fears that his inhibitions will be too readily overcome by its use.

Seligman considers the excessive use of alcohol as an attempt on the part of the individual to escape from situations of life which he cannot face. Its use is in evidence in a maladjusted personality and frequently is revealed as a symptom of major abnormal mental state such as depression or schizophrenic reactions. Its use may develop from purely social drinking to a pathological state in a maladjusted individual. In such cases, the excessive use of alcohol is a symptom of a constitutional psychopathic inferiority. The individual knows that he cannot handle alcohol well but does not care and consequently he drinks for the releases he obtains thereby. In some cases, alcohol is used as an escape from intolerable incurable physical pain.

Knight does not consider alcoholism as a clinical entity but that it is rather a compromise solution of conflicts expressed in psychologic symptomatology which places the chronic alcoholic on the borderline between a neurosis and a psychosis. In this author's opinion, the individual who uses alcohol excessively is not normal mentally even when he is sober.

Harry Stack Sullivan calls attention to the fact that most alcoholic reactions involve the varying factors of herd, sexual and ego instincts. The ego is markedly affected, personal fears are diminished and a false sense of power is created. Three-fifths of the crimes of violence are created under the influence of alcohol. Its use is practically absent in theft and forgery. Perverted instincts come to the fore and the conduct is inclined to be brutal, destructive, impulsive, coarse, sensual and aggressive. Sullivan calls attention to the fact that many of the reactions of the alcoholic are to be seen in those suffering from epileptic equivalents.

Read considers that the most important of the repressed impulses released by alcohol is the homosexual one. Solitary drinkers regress to auto-erotic levels wherein the self is all sufficient. Social drinkers require the presence of others of their own sex to obtain satisfaction. In all these cases, there is a discrepancy between the emotional and the sexual life.

Curran has made a special study of alcoholism in women and finds in them a strong attachment to the parent of the same sex. There is a high degree of narcissism and a strong inner tension rendering social contacts difficult. Nevertheless, these individuals are always striving for social recognition in the midst of a fear that this would not

be obtained. The delusions of the alcoholic woman differ from those of the alcoholic man. In the latter case, the accusations are homosexual in nature whereas in the case of women, the accusations are heterosexual. Alcoholic women often express the type of criticism from others which really is a projection of self-criticism based upon their own social shyness. Aggressive and sadistic trends are released from neighborly forces and the alcoholic women frequently feel that the relatives or friends have been killed. Feelings of sex inferiority are projected by them.

Wall calls attention to the fact that women are closer in their drinking with the environmental situation but that both sexes have a narcissistic type of personality in common with a decreasing ability to adjust to real or to adult responsibility. Women dislike other women.

Bigelow, in speaking of the acute hallucinatory type of alcoholic, calls attention to the common background of these individuals in the lack of marital and sex adjustment. There is a high degree of narcissism depending upon the family situation, a lack of gregariousness and an increase in affective responsiveness. Delirium tremens according to Bigelow is not due to excessive consumption of alcohol but there is a predisposition of the individual toward the delirious type of reaction.

Ferecz emphasizes the paranoid type of reaction with definite homosexual fixation of the libido present among alcoholics. Emotionally, they tend to be cyclothymic. Solitary drinkers are more prone to delirium tremens and other acute hallucinatory experiences. They exhibit a schizoid behavior colored or complicated by the use of alcohol. A number of these cases progress to a stage of frank dementia praecox. Epileptics are notoriously sadistic and when a particularly atrocious act is perpetrated by them, it is usually the result of the use of alcohol. Alcoholism does not take place in the normal individual.

N.D.C. Lewis in his integration of these various schools of thought summarizes the situation by saying that there is persistence of the early mother attachment in dominance, father rivalry, over-reactions to masturbation with intensely strong feelings of inferiority complicated by day-dreaming, peeping and exhibitionistic trends, nocturnal and other pathological fears especially of a religious variety.

Both sexes despite the sexual background and the use of alcohol have a disgust for the genitals of either or both sexes. There is an overt and latent homosexual trend with periodic impotence, overbalanced heterosexual episodes and leanings toward somatic components such as cardiac and gastro-intestinal attacks. The feelings of inadequacy to meet social, educational and economic situations are marked. Alcohol gives to the individual a sense of release from these feelings of inadequacy.

The chronic alcoholic, according to Lewis, seems to be the product of two main set of factors: the first intrinsic factor seems to be constitutionally determined as an inability to face reality in the presence of stress such as extreme nervous irritability, insomnia, headache, crying spells, feelings of frustration, exhaustion from slight physical effort, upsetting quarrels; the second factor is an extrinsic one depending upon environment and is an outgrowth of such conditions of stress as business worries, domestic trouble, grief and adversity. The implication is that even in the second class, a predisposition toward this type of reaction in the face of stress is present.

V.C.B.

FALCIPARUM MALARIA IN DRUG ADDICTS. HARRY MOST. *The American Journal of Tropical Medicine*. 20:551-567. July 1940.

Physicians practicing in temperate zones are not inclined to think of a tropical disease existing in patients who have not been in tropical countries for a long period

of time. The author stresses throughout his article the fact that *Falciparum Malaria* is an endemic disease in the New York metropolitan area among drug addicts and that in all probability it flourishes widely in other metropolitan areas throughout the country. In a great majority of cases the nature of the infection remains unrecognized. Infection occurs directly from one addict to another through the sharing of a common hypodermic syringe for intravenous administrations. Somewhere in the chain of users of a common syringe an infected patient who is a carrier from a tropical infection passes it along to others. The report of the first epidemic of this disease to appear was that of Biggam in 1929. All of his cases were of the dysenteric type. Helsen described a predominately cerebral type appearing in a New York epidemic in 1934. The author's extensive studies in connection with his New York series indicate that there are three different clinical types of this infection; namely, cerebral, gastro-intestinal and hemoglobinuric.

(1) The *cerebral* type is illustrated by the author in the citation of a case of a Puerto Rican, age thirty-four years, in the prison ward at Bellevue Hospital under the charge of "traffic in narcotics." The outstanding feature of the case was coma. In this connection the author emphasizes the need for careful attention to coma and stupor cases in which no trauma is evident, especially where the forearm or leg of the individual shows scars of repeated hypodermic injections. Often these individuals are found lying in a hallway, on the street, or in the subway. Neurological signs are usually absent. Unless the nature of the case is immediately recognized and prompt treatment instigated the termination is often fatal. Rectal and vesicle incontinence are common. The case shows clinically the picture of an acute diffused meningitis or encephalitis. If the patient is seen before the appearance of stupor or coma, he has a dull apathetic attitude, is slightly confused and is irritable or crying. The point to be stressed in these cases is the physical evidence of repeated hypodermic injections. Blood smears reveal the presence of rings and gametocytes of *P. Falciparum*.

(2) Illustrative of the *gastro-intestinal* syndrome is the case of a thirty-nine year old white male incarcerated in the prison ward at Bellevue Hospital for dealing in narcotics. There was persistent abdominal pain, vomiting and dysentery of five days' duration, temperature 101 F. Laparotomy revealed greatly enlarged spleen, liver and mesenteric nodes with omental adhesions. The case resembled clinically Hodgkin's Disease. It terminated fatally on the twenty-eighth day after cerebral involvement. Another similar case was marked by bilious vomiting and extensive jaundice. Post mortem revealed deeply pigmented viscera.

(3) As illustrative of the *hemoglobinuric* type several black water fever cases were studied. A typical case was that of a twenty-five year old white male found in the subway in the state of coma; temperature 103 F. The blood smear revealed rings and gametocytes of *P. Falciparum*. R.B.C. 2,580,000; Hg. 7.25 Gram per 100 cc; W.B.C. 12,400; (Metamyelocytes 17%; Polymorphonuclear Neutrophils 61%; Lymphocytes 18%; Monocytes 4%); Serum bilirubin 1.6 mgm%; N.P.N. 27 mgm%; Urine - scanty, highly acid deep dark wine color, marked albumen, Hg. and red cell casts, benzedrine react strongly positive. This case was terminated fatally by cerebral involvement.

In all the above named cases the schizonts and gametocytes for malaria were demonstrated. Most cases exhibited mixed syndromes and were not as clear cut as the types just enumerated. Fatal termination was usually preceded by cerebral involvement. In view of the fact that the tertian quotidian and irregular types of malaria disease may co-exist in these cases there is no typical fever chart to be exhibited, therefore, "any fever in a drug addict should lead to suspicion of malaria infection."

Treatment of these cases is obvious. Supportive treatment for the immediate care of the patient, the pushing of the administration of quinine even when plasmodia cannot be immediately demonstrated, and rest and isolation are indicated.

V.C.B.

BLOOD GROUPING IN FORENSIC MEDICINE. WM. C. BOYD AND LYLE G. BOYD. *Journal of Immunology*. 33:159-172. August 1937.

The chief application of blood grouping to forensic medicine is in the determination of the group of blood stains and the exclusion of paternity. Three states have passed laws legalizing the use of blood grouping as evidence in court. The authors particularly stress the need for fairly extensive experience in the field of serology before any attempt is made to do blood grouping. It is easier to group seminal stains and other materials than blood stains due to the fact that the last named has a lower content of group receptors which imposes certain limitations on the handling of this material that are not prevalent in doing the stain identifications. The application of this technique in criminal investigations must also be recognized. To quote the authors in this connection, "If an alleged murderer and his victim were both of the same blood group, then a knowledge of the group of a stain on a handkerchief found in the accused's possession will not bear one way or the other on his guilt, in case he claims the stain to be his own blood, as he will possibly do. But in certain cases proof of a difference in the group of a stain and that of a certain individual may dispel suspicion which was directed towards an individual, or give the lie to some statement made by him; on the positive side, and identity in groups, although it might point suspicion, can never prove guilt, save in very very exceptional circumstances of isolation." The third disadvantage which the technique must take into account is that the presence of group receptors in the material from which the stain has been obtained may interfere seriously with the proper evaluation of the stain itself because it contains like receptors. For that reason the authors have called attention to the need for a separate analysis of the material on which the stain has been found so that the results will not be vitiated from this source. The literature on the subject has to a large extent ignored this important source of contamination.

In the preparation of immune sera which react agglutinin A and B the poorly trained technician frequently makes the mistake of failure to check the purity of the reagents used. The authors use immune anti-A and anti-B sera, as well as human sera of types B and A. This procedure enables them to set up a valuable check on the specificity of the reaction. That a stain has the power of removing a certain type of agglutinin, whether this is of human or immune animal origin, strongly supports that the reaction is specific and thus reliable.

The trend of this field of investigation proves that blood grouping is slowly but surely getting greater favor in the courts and therefore promises at some future date to become a distinct adjunct in the more scientific determination of blood relationships.

V.C.B.

STUDIES OF PHYSICAL DEFECTS IN DELINQUENTS. HENRY C. SCHUMACHER. *The Journal Lancet*. 9:213-215. May 1940.

Attention is called to the confusing and at times contradictory studies on developmental deviations as contributory factors in delinquency, and to the frequency of physical defects found in delinquents. The Italian criminologist Lombroso was the first to put forward the theory that the delinquent and criminal form a recognizable human type. In recent years E.A. Hooten, the Harvard anthropologist has amassed a vast amount of material in favor of this viewpoint. Other investigators, notably Ales Hrdlicka in the U.S. and Charles Goring in England, have in general, come to the conclusion that there is no such thing as a criminal class, differentiated by anomalies of physique.



The author states that it is reasonable to suppose that developmental deviations and pathological defects might play a part in an individual's delinquent behavior. From a psychobiological point of view, the healthy organism is one that maintains a state of equilibrium with its environment. It remains healthy as long as the variations in the environment do not exceed its capacity to adjust. For any given genus and species including man, the natural environment, except for some cataclysm, offers a wide margin of safety so that a failure to adjust implies some developmental deviation or pathological disorder in the individual organism. And, as a corollary to this, the greater the defectiveness of the individual from whatever cause, the lower the threshold at which disequilibrium sets in, so that the normal variations of the environment present more of a strain than the organism can meet.

Good health is thus a preventive measure of no mean worth. One attack upon the problem of delinquency, therefore, is the provision for adequate nutritional, hygienic and medical care for all the people. Certainly every delinquent should receive a most careful examination with prompt attention to all remedial defects.

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MALINGERING. J. R. GAINER. *The American Journal of Medical Jurisprudence*. 2:173-177. March-April 1939.

Malingering is a subject of vast interest to both the legal and medical profession. Evidence of malingering is exhibited very early in life, making it seem almost an innate characteristic of man.

There are six distinct classifications of malingering from the standpoint of the nature of feigning and the purpose sought for attainment. These are: (1) Illness, (2) Deformity, (3) Rape, (4) Pregnancy, (5) Insanity and (6) Injury. From the standpoint of medical jurisprudence, importance attaches more particularly to malingering in which claims of *insanity* are made with a view of evasion of punishment for crime, or of *injury*, made the basis for damage suits. Insanity: False claims of insanity are frequently made for the purpose of nullifying contracts or evading punishment for crime. It is particularly a last resort of convicted murderers. Injuries: Malingering should be considered from the standpoint of the extent to which the claimant goes in the perpetration of his fraud; that is, whether there is *absolute* or only *partial* malingering. Absolute malingering covers two distinct classes of fraudulent claims: (1) Where there has been no accident and where no injury had been sustained. (2) Where there has been an accident but no injury was sustained by the claimant.

Partial malingering embraces that large class of claimants who have been involved in some kind of an accident and received slight injuries which are magnified and exaggerated for the purpose of financial gain. With regard to injuries malingering has been so prevalent that it behooves both the legal and medical profession to seek a more thorough understanding of the symptoms generally feigned as well as of certain diagnostic points, the presence or absence of which will either prove or disprove the allegation. Both subjective and objective symptoms are feigned by the malingeringer. Some of the more frequent subjective symptoms resorted to are: pain; weakness; insomnia; anorexia; vague nervous symptoms; impaired sexual ability; traumatic neurostenia; railway spine; sacro-iliac strains; sprains and dislocations; and blindness. Objective symptoms resorted to are: stiffness; lameness; paralysis; tremor; convulsions; special sense defects; hernia; and abortion. The malingeringer is costing American Industry more than one and one-half million dollars annually. Therefore it is expedient that the industrial physician acquaint himself as extensively as possible with the various angles of medical jurisprudence, and with as many of the ruses resorted to by the malingeringer, as possible.

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PROGNOSIS IN POSTENCEPHALITIC BEHAVIOR DISORDERS. PHILIP H. HEERSENA. *Medical Clinics of North America*. 24:1179-1190. July 1940.

The various formations in which epidemic encephalitis may appear often in widely separated geographical locations has led some investigators to feel that specific viruses are the causation of specific sequelae to encephalitis. The author is not only skeptical of such specific varieties of viruses having such specific results but casts some doubt on the widespread belief that these sequelae are always postencephalitic phenomena. He emphasizes the need for the examining physician to concentrate upon the history of traumata and acute infectious diseases of childhood, especially those of a virus type. He calls attention to several facts that seem to support this contention. Postencephalitic behavior disorders occur almost exclusively in children, hence, the potentially close association with acute infectious diseases of childhood. Furthermore, many of these cases appear before the clinician at a time when there can be demonstrated no contact with epidemics of encephalitis or influenza. In other words, these cases give all of the symptomatology of postencephalitic behavior disorders without the history of any such epidemic. Relationship of these disorders with acute infectious childhood disorders is often missed by the examining physician due to the fact that the symptoms at the time of the attack of measles, mumps, etc. are passed over lightly by the parents and may be forgotten entirely. Many of these cases clear up after an apparently typical and somewhat mild attack of the childhood infection and do not exhibit any neurological symptoms. Symptomatology may appear several years later and therefore may seem unrelated to the acute infectious disease of earlier years.

Typical postencephalitic behavior disorders are characterized by impulsive aggressive conduct ranging from repeated acts of mischief to anti-social behavior and even the commission of serious crimes. From an emotional viewpoint the child is extremely volatile, and shows a great deal of irritability and temper displays with occasional acts of cruelty about which there is obvious evidence of a driving compulsive force. (The organic "driveness" of Kahn). Bizarre forms of expression may occur in the physiological as well as the sociopsychological fields; for example, compulsive thirst simulating that of diabetes insipidus. The initial symptoms of headache, mild fever and general malaise diplopia and choreiform movements may entirely disappear after the attack without leaving gross neurological signs. Close examination, however, often reveals mild neurological signs, such as, unequal nerve reflexes, ocular paresis and tics.

Sequelae of encephalitic disorders differ between children and adults. Children are prone to show behavior disorders with extreme restlessness and even anti-social conduct, whereas adults are not inclined to show behavior disorders to any great extent. The effect of the encephalitis upon the adult is to exaggerate preexisting personality defects, whereas the result in children tends to be a complete change of behavior. This result, of course, is due to the fact that children are still in the process of the moulding of their personality. Furthermore, encephalitis in itself seldom results in intellectual deterioration in the adult but this is quite common in the case of children under the age of four who become infected. The particularly severe nature of the sequelae in the case of children is due to the fact that in the process of the organization of sensation, perception and of psychogenic concepts into a working unit prior to the adolescent period these processes are severely interfered with by an attack of encephalitis. The attack may seem mild and it often does not result in motor damage but the internal organization of the brain otherwise may be severely disturbed.

The author believes that pathological changes are confined largely to the frontal lobe and they are diffused and relatively mild rather than in the nature of punctate hemorrhagic congestion and edema. The subsistence of this acute pathology tends to lead to temporary or permanent disorganization of developmental processes rather than

the production of histopathology especially in cases showing behavior disorders. A well known clinical phenomenon in chronic encephalitis is the very late appearance of symptomatology often years after the original attack. One must consider in connection with these cases, however, that reinfection may have occurred especially since the symptoms of the attack itself are frequently extremely mild.

The prognosis for sequelae is poor. A postencephalitic investigation made at the Mayo Clinic by R.L.J. Kennedy in 1924, of 951 cases in which sequelae had been present for a period of one to five years revealed that of eight out of the twelve cases without neurological stigmata only four had made a favorable social adjustment, one had Parkinsonism, one had grand mal epilepsy, two were in institutions, one was imbecile and one had died of intercurrent infection with evidence of Parkinsonism, and two showed prominent behavior disorders.

W.L. Holt Jr. in 1937 made a follow-up of 226 cases covering a mean period of ten years after the illness. He found that a total of 25.6% social adjustment most of whom had evidence of sequelae however. The danger in all of these cases is that typical Parkinsonism may appear years later even when social adjustment has been secured. Physicians are prone to become lax in their interests of these cases after the acute phases have subsided but even one behavior case may cause so much damage and danger to the community that anything that can be done towards the remediation of symptomatology gives splendid dividends. A closer observation and study of the entire problem is needed.

V.C.B.